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No. 24.

THE MENACE OF THE BIRTH-RATE.¹

By R. J. A. Berry, M.D., F.R.C.S., F.R.S. Ed.,

Retiring President of the Victorian Branch of the British Medical Association.

For the first time in the annals of the Victorian Branch of the British Medical Association the retiring President stands before you as the President-elect, and he does so with very mingled feelings.

Uppermost is a sense of deep regret and of personal sorrow that the legitimate successor to the Chair, Dr. R. L. McAdam, is unable, through serious illness, to assume the reins of office. For the past three years Dr. McAdam has been intimately associated with me as a member of Council and more latterly as a member of the President's Executive Committee. I have found him, as we all have and on all occasions, invaluable in counsel, courteous in debate, loyal in friendship, and a tower of strength to the Council and the Association. On my own behalf, both officially and personally, I can only express—and in this I know full well I speak for all—sympathy in his illness and an earnest wish for his speedy recovery.

Dr. Ernest Jones, voluntarily and unselfishly, has sacrificed himself in the interests of the Association. He has recognized that in this crisis in our affairs his position as an important Government officer might have proved embarrassing both to himself and to us. He has, therefore, put the welfare of the Association before the claims of self.

For myself, whilst I regret exceedingly the untoward circumstances which have again called me to the Presidential Chair, I am not unnaturally proud of the fact that you should have deemed me worthy of a renewal of your confidence. The position is not of my seeking, as may be verified by reference to the Council's minutes. To have refused the unanimous request of the outgoing Council would, at the present juncture, have been a mere act of selfishness. I must, therefore, ask you to bear with me for another year, and to extend to me the same confidence, loyalty, and trust that you have done during the past twelve months.

The office of President of the Victorian Branch of the British Medical Association is no sinecure. It carries with it, or should do, the leadership of the profession. It is an honour to which every member of the Branch should aspire, and for which, by loyalty to his colleagues, by adherence to the honour and traditions of a noble calling, and by devotion to the science of the healing art, he should endeavour to qualify. To-day, in the grave, the almost menacing, situation, in which we, as a profession and as citizens of an Empire, find ourselves, it is more than ever imperative that the choice of a leader should be exercised wisely and well. Your President should

not only command your own confidence, but you should see to it that his office is respected by the laity, for by doing so, you enhance the dignity of the profession as a whole.

The past twelve months have been an ever increasing anxiety. We have not only in our greater capacity, had to bear the grievous burden of war and all that it means, but in our lesser function, we have had to determine the difficult and intricate question of our relations, as a profession, to the Association of Friendly Societies of Victoria. This phase of our purely medical activities has dominated and overshadowed everything else during my year of office, and I cannot sufficiently express to the Secretaries, the Council and the members themselves, my thanks and keen appreciation of their whole-hearted devotion and of their arduous labours in the interests of all. Notwithstanding that the long negotiations with the Friendly Societies have attained a culminating point during my year of office, it is unnecessary for me to refer further to the matter, because, in accordance with the unanimous wish of my Council, I have prepared and published an official statement of the relations, past and present, between the British Medical Association and the Association of Friendly Societies of Victoria, copies of which may be obtained from the Secretary.

Notwithstanding the gravity of the issues with which the Council has been faced during the past twelve months, it has found time to organize an important series of post-graduate lectures on venereal diseases, for which our thanks are due to Dr. Hiller and the Lecturers, to arrange with the Faculty of Medicine for the institution of a University lectureship on medical ethics, which, when in operation, must surely enhance the working amenities of the daily life of professional practice, and to formulate proposals for the sole use of the metric system in the art of prescribing. These are not mere minor matters. They are rather measures of the first magnitude and must eventually have a beneficial influence on the profession. They have, however, been overshadowed by the war and the lodge question. Speaking of the Council, I can only re-echo and intensify the words of one of my predecessors in office, Dr. A. L. Kenny, when he said in his retiring presidential address in 1914, "the ordinary members of the Branch have no conception of the vast amount of work falling upon the Council nowadays; work the accomplishment of which makes a member of that body well-nigh a stranger to his own evening home circle." A very special tribute is also due to the Organization Committee on whose capable shoulders has this year fallen the greater part of the work of lodge organization. They have organized you to victory and you should give thanks accordingly.

That I do not say more of the Council is not due to any lack of appreciation—as I trust has been made sufficiently clear—but to the fact that every-

¹ An Address delivered at the Annual General Meeting of the Victorian Branch of the British Medical Association on December 5, 1917.

thing local and domestic is necessarily dimmed by the greater perils from without. I feel it, therefore, my bounden duty, as a scientific and non-practising member of the profession, to refrain from discussing such relatively minor matters, and to address you on a question of very grave import, a question on which the whole future of our race depends, and with which the medical profession is intimately concerned. I refer to the menace of the birth-rate.

I use the word "menace" advisedly and deliberately, and I am not alone in this view of the danger which confronts us. A scientist, whose name inspires confidence wherever his name is known, Professor Karl Pearson, has recently authorized (1914) the statement that "many of us can now see that if the movement"—that is, the movement for the limitation of the family—"continues unchecked for another forty years, it means national disaster, complete and irremediable, not only for this country but for Britain across four seas."

These are grave and terrible words, especially in the present crisis, but I fully associate myself with them, and as the case can be proved up to the hilt, it will be necessary for you, as medical men and as citizens, similarly to associate yourselves with them, and to confront the menace boldly, resolutely, and with a fearless courage of thought, speech, and action.

Writing so recently as July, 1917, Professor James Cossar Ewart, M.D., F.R.S., of the University of Edinburgh, refers in the following terms to the falling birth-rate, which, in some parts of the United Kingdom, is already lower than in France:—

Half a century ago the birth-rate of the United Kingdom was 35 per thousand of the population, but in 1914 it was 23, and in 1915, 22, or 3.5 below the average for the preceding ten years, and 13 below the average for 1866-1875. In some quarters it was anticipated that 1915 would yield an unusually large number of babies. As a matter of fact there were 100,000 fewer babies in 1915 than in 1914, and in 1916, 29,000 fewer than in 1915. Our own history indicates that racial stocks with a redundant fertility tend to flow from the ancestral home to take possession of new territory. On the other hand, when, in any given race, the birth-rate falls below the death-rate, it is only a matter of time until that race is supplanted by another. In 1910 the births in the United Kingdom exceeded the deaths by 413,715; in 1914 the excess over the deaths was 362,354, but in 1915 only 252,201. When it is mentioned that, in 1915, 95,608 infants were dead and buried before they were a year old, it will be evident that unless the birth-rate increases, which is improbable, or the infant mortality is reduced, the death-rate may soon exceed the birth-rate; in the city of Edinburgh during the first three months of 1917 the deaths exceeded the births by 222.

Further, in this same city of Edinburgh, the birth-rate has now shrunk to 17.9 per 1,000, or a drop of 50% in 40 years.

Of the British forces engaged in the war in 1915 there died, on an average, 9 men every hour; but in the same year there died every hour 12 infants under twelve months old. Of the infants who survived, about 30,000 were so maimed and deteriorated by bad mothercraft, or a bad environment that they are never likely to develop into efficient members of the community.

The country would be very justly alarmed if, out of an army of 1,100,000 men there were 280,000 fatal casualties and 30,000 permanently maimed, but a diminishing birth-rate and a high infant mortality have so long been regarded with indifference that it is difficult to arouse the public mind and conscience to the terrible menace which confronts us.

In 1913 a Commission was appointed by the National Council of Public Morals, with official recognition, to investigate the decline of the birth-rate, its causes, and its remedies. It finished its labours and presented its Report in 1916.

From this Report, as quoted by Dr. Mary Scharlieb, we learn that the birth-rate, as recorded in England and Wales, gradually rose from 32.3 per 1,000 in 1841-45, to 35.5 in 1871-75, reaching its highest point, 36.3, in 1876, and then gradually fell to 26.3 in 1906-10, and to its lowest level, so far, of 23.8 in 1912.

It has not, however, stopped at this.

Since the Report was drawn up the Registrar-General's office has furnished figures from which it appears that during 1916 the birth-rate fell still further to 21.6 per 1,000, and in September, 1916, had sunk still lower, according to the Reverend Father Bernard Vaughan, to 19.5 per 1,000.

The conclusions to which the Commission came on consideration of the statistical evidence before it were as follow:—

- (1) That the English birth-rate has declined to the extent of approximately one-third within the last 35 years.
- (2) That this decline is not, to any important extent, due to alterations in the marriage-rate, to a rise of the mean age at marriage, or to other causes diminishing the proportion of married women of fertile age in the population.
- (3) That this decline, although general, has not been uniformly distributed over all sections of the community.
- (4) That, on the whole, the decline has been more marked in the more prosperous classes.
- (5) That the greater incidence of infant mortality upon the less prosperous classes does not reduce their effective fertility to the level of that of the wealthier classes.

In addition to these conclusions, which were warranted by the statistical evidence, the Commission was also of opinion that there was reasonable ground for belief that conscious limitation of the family was widely practised among the upper and middle classes, that such restriction was gaining ground among the lower classes, and that, in addition, illegal induction of abortion is frequently practised among the industrial population.

The Commission did not think that the higher education of women diminished their physiological aptitude for child-bearing, whatever might be its indirect results on the birth-rate.

The Reverend Father Bernard Vaughan, S.J., states:—

No statistician will convince me that a progressively declining birth-rate makes for anything but national

disaster. It means the triumph of death over life; not the shout of victory, but the wail of defeat.

The foregoing statements could be multiplied almost indefinitely. If it be objected that, although from responsible people, they are at best but pseudo-scientific opinions based on official statistics, and are, therefore, unreliable, the same objection cannot be levelled at what is now to follow, and which is even more serious.

On August 20, 1914, there was published by the Francis Galton Laboratory for National Eugenics, in the University of London, Part I. of a Report on the English Birth-rate in all that part of England which lies north of the River Humber. The Francis Galton Laboratory, as surely everyone must know, is presided over by Professor Karl Pearson, whose name is a sufficient guarantee of the accuracy and scientific character of any work emanating from that laboratory.

The Report referred to is the work of Miss Ethel M. Elderton, Galton Fellow of the University of London, but that it has had the supervision and co-operation of Professor Pearson himself is made clear by the prefatory note. The report runs to 245 quarto pages, and is at once the most scientific, the most accurate, and the most painful report which has hitherto been issued on the gravity of the decline of the birth-rate. In the words of the report, the subject is "the great national problem of our future," and to it I now ask your attention.

In the introduction it is stated:—

The fall in the birth-rate has received much attention of late years. The fact of its fall is not disputed, but differences of opinion exist as to the importance of the fall and as to the circumstances which have caused it.

The fall is considered by some as a national outcome of increased prosperity; they assert that animals, when richly fed, breed less freely, and conclude that the same applies to man; the fall in the birth-rate they find due to an improved environment, and recognize a natural process, not an artificial one.

Others regard the falling of the birth-rate as due mainly to the deliberate limitation of the family, but regard this limitation as a mark of civilization and as an advantage to the race; where there are fewer to provide for, there the few will have the better opportunities; when the family is small, the children have greater advantages and a better chance of success in life.

Others, and probably, the greater number, regard the fall in the birth-rate as a serious menace to our national efficiency. They point out that this fall has not been uniform in different physical and mental classes of the community; that a low birth-rate in itself may not be a serious matter but that a differential birth-rate, if it favours the less fit, may be a very dangerous social factor.

Amongst the special objects of Miss Elderton's research were an examination as to whether the fall in the birth-rate is due to a natural decrease in fertility or to deliberate limitation of the family; what part changing social and economic conditions play in the fall and how far the fall in the birth-rate is a differential fall.

With these objects every urban and rural registration district in the northern counties of Cheshire, Lancashire, Yorkshire, Cumberland, Westmoreland, Northumberland and Durham, have been submitted to a scientific investigation which alike commands admiration and fills the soul with despair.

Herewith are some extracts from the Report taken quite at random, which are characteristic of the whole:—

Lytham (Lancashire) is a residential district. . . . The population is prosperous. . . . The community is a pleasure-seeking one with many facilities for indulgences in Lytham itself and in Blackpool, which is only eight miles away. Drink, love of dress, self-indulgence, motor cars, etc., are reported to contribute to the low birth-rate which has occurred in all classes. The old-fashioned home life is becoming a thing of the past, and luxury and extravagance render limitation of families absolutely essential.

In the Chorley (Lancashire) Registration district the number of married women between the ages of 15 and 55 years increased from 4,733, in 1851, to 8,977, in 1901, but the number of births per 100 married women decreased from 25.4, in 1851, to 18.6, in 1901.

Limitation of the family by intention prevails to a large extent and is on the increase; pregnancy is regarded by most as a thing to be avoided, if possible. Large families are rare, and generally speaking prevail amongst the most shiftless and careless of the population. . . . The poor (when poverty is due to their own fault as it often is in this district), the "ne'er do wells" and the drinkers have as a rule plenty of children, the ambitious have few. The knowledge of methods of limitation is fairly widespread and seems generally to have filtered down from the so-called educated classes and is handed on secretly from one couple to another. Newspaper advertisements are more responsible for abortion at the present day than for limitation.

In the Chorlton (Lancashire) registration district the number of married women has increased from 19,601, in 1851, to 53,549, in 1901, but the number of births per 100 married women has decreased from 24.1, in 1851, to 16.4, in 1901.

With regard to limitation of the family probably not much has been done by actual advertisement, but the subject is freely talked about and openly discussed in the workshops where girls and young women work, and also during the dinner hour; the same subject is part of the general conversation of the lads and young men at their work and at meal times. The married women have frankly told our correspondent that they make their husbands take precautions to prevent conception. . . . The young men and women marry with the full intention and knowledge of preventing pregnancy.

In the Leigh (Lancashire) registration district

the town itself was visited on several occasions by Mr. Bradlaugh and Mrs. Besant in the early eighties; well-attended meetings were held at which neo-Malthusian doctrines were advocated and tracts distributed. This appears to have affected the birth-rate for about ten years, but there was some recovery towards the end of the 'nineties. It probably had permanent effect in encouraging the limitation of the family which is now extremely common and on the increase. Advertising quacks push this practice. One man visits the town and gives "Lectures to Women only," when various sexual matters are discussed and information is given. This is followed by the sale of various medicines and appliances, vaginal syringes, preventive pessaries, etc. Local opinion holds that this trade affects the birth-rate chiefly among the better class working people and the small shopkeeping and lower professional classes.

In Manchester, as in other towns,

increased education is reported to be a factor in the reduction of the birth-rate. With increased education there is undoubtedly greater desire for luxury in all classes, and the increased expenses for dress, holidays, literature and amusements leave less for the upbringing of a family; food is also dearer than formerly. . . .

Propagandism for the limitation of the family has been active for a long series of years, but it was specially energetic when Mr. Bradlaugh and Mrs. Besant were lecturing. Mr. Bradlaugh came to Manchester a number of times. Since the years of these visits the birth-rate shows a steady but not very marked decline.

Birkenhead, in Cheshire, affords another painful example of the degradation to which the women, in particular, have sunk. In this town the birth-rate showed an extraordinary rise in the early sixties, and after some fluctuations a steady fall began about 1874, which has continued ever since. Here,

women of all classes will ask doctors frankly as to the best methods of prevention and whether they are injurious to health, and also of the best and safest method of abortion. Douche tins can be seen unscreened in many bedrooms, and women will frankly state how they avoid pregnancy and recount how they have tried everything to bring an undesired pregnancy to a premature end. Bitter apple, lead plaster, nutmegs, etc., have been taken, in many cases, with acute symptoms; a few cases have been reported of attempts to introduce knitting needles into the uterus in order to produce abortion. Advertised pills are much tried. These practices are common to most classes, but the labouring classes have not the same facilities.

In Nantwich (Cheshire) the following reasons for the decline of the birth-rate have been suggested:—

- (1) The spread of education and the consequent reading of current literature.
- (2) The knowledge of the ease with which conception can be prevented.
- (3) The growth of luxurious habits, which would need to be curtailed if children are to be borne by women and maintained by men.
- (4) The influence of public opinion which tends to point to a man with a large family as a joke or a freak.
- (5) The decay of the religious sentiment and the decline of the idea that the prevention of conception is an immoral act.

In the Huddersfield (Yorkshire) registration district the number of births per 100 married women has declined from 26.6, in 1851, to 14.2, in 1901, and the decline commences in correspondence with visits and lectures by the late Mr. Charles Bradlaugh.

Advertisements of appliances for limitation of the family have been prevalent in the form of small bills in urinals and on walls, etc., in country roads for 20 years or more, and now the announcement of a birth in a newspaper brings literature on the limitation of the family from firms who manufacture and sell preventive appliances. . . . The fall in the birth-rate is greatest in the middle, lower middle and better artisan classes, where there is a desire to give a few children a good start in life; possibly selfish motives prevail in this class also.

The details of the movement of the limitation of the family in the county borough of York constitute one of the most painful sections of the Report, and are an extraordinary commentary on that personal selfishness which is doing so much—even more than the Germans—to accomplish the downfall of the Empire. It is impossible to quote these at length. Let the following suffice:—

Every conceivable ecboic appears to be in request in York: colocynth, pennyroyal, 'Widow Welch's Female Pills,' apiol and steel pills, borax, etc. A common 'remedy' is reported to be gin and gunpowder, the latter being purchasable at the ironmongers.

There is also reason for believing that

the various methods pursued are undermining the health of the lower middle classes, and destroying the possibility of fertility, when children are afterwards desired.

There seems to be evidence

that if a child in spite of the drugs taken is born, it is liable to idiocy, blindness or deformity. Statistics on such a point, however, are very hard to procure, it is a possibility which must be borne in mind, but we must not allow our strong racial instincts to force us to form any premature conclusion.

The local newspapers contain many pernicious advertisements. Five advertisements were taken from one evening paper in York alone, of which the following is an example:—

Ladies, So-and-So's Challenge Mixture never fails to afford relief in all cases. Far superior to Pills, Pellets, or Continental treatment. Price, 2s. 9d., Special 4s. 6d. Do not waste time or money experimenting with unknown remedies. Stamp for Advice and Book of Requisites. Mr. and Mrs. —, Specialists.

The answer to a request for information brought the usual statements as to the remedies acting "in a most harmless and natural manner," the suggestion that the writer should be careful to say whether she is Miss or Mrs., and the paragraph: "Special attention is given to single ladies, as well as married ones, and no one need despair till our treatment has had a trial."

The daily appearance in English provincial papers of scores of such advertisements demonstrates that there is a widespread feeling against childbirth, and that many persons are willing to pay quite considerable sums in the hope of purchasing "remedies." That very fact and all that it involves, both to old and young life, is essentially a measure of the wide demoralization that exists in England—at least north of the Humber.

In Northallerton (Yorkshire) there seems

to have been much propagandism for the limitation of the family, advertisements of means for "the prevention of large families" seem to have been fixed to gate posts, etc., as long ago as 1877. More recently the advertisements are of quinine pessaries, and of the "wonderful whirling spray douche" which "may be carried ready filled and used without spilling." The "spread of education" seems to have brought knowledge on these points, not only to the married, but to young people generally. Their use is the chief cause in the diminution of the number of illegitimate births. There is a general disinclination for domestic work and home life; girls are allowed to wander about at night when they should be in bed or helping their parents, and this leads to the understanding of these advertisements, to immorality, and to the limitation of the family, when married. The fall in the birth-rate, however, does not appear to be equal in all classes, the thriftless and dirty having as many children as ever.

Another correspondent in this district attributes the decline in the birthrate to "a type of primary education which does not prepare the children for their ordinary home life, with its occupations and handicrafts."

From the Newcastle-on-Tyne Registration district one, and the last, example must suffice.

A married woman, aged 29, with four children, was admitted into the infirmary, July 18, 1911, suffering from severe pains in the abdomen and back. She was in a highly strung and nervous condition. Believing herself pregnant, she had taken "black stick"—a mixture of diachylon and aloes—in the form of pills sold to her by a chemist. She took six pills night and morning for the first week, and half that number for the second week. Severe abdominal pains developed, and she miscarried on July 14, about 17 days after taking the first pills. . . . This woman was in a very weak state so that

she could hardly stand. She recovered, and left the infirmary a month later. She had taken 144 pills, each of which contained 1 grain oleate and stearate of lead.

"Seeing," writes Sir Thomas Oliver, M.D., "that for twopence abortion can be procured, and that women in the guise of nurses are secretly preaching the advisability and encouraging the practice of it among the poorer working classes, also that in the full glare of daylight druggists are selling the material, surely the time has come, when we might well ask the question, how long the Government is going to allow this state of things to continue?"

As few, if any, politicians know anything about the subject, and care less, the answer to Sir Thomas's question is that it will probably continue until it is too late, or until the medical profession makes itself felt as a real political force and insists on having its own representation in Parliament.

It is to be sincerely hoped that no Australian, however patriotic he may be, will emulate the Pharisee of old and say, "God, I thank thee that I am not as other men are."

As regards Australia it may be of interest, though perhaps unpleasant, to see ourselves through German spectacles.

Dr. Th. Lenschau, in his work *England in deutscher Beleuchtung*, published in 1907, says:—

A large part of the country of Australia that is now used for sheep-runs permits of profitable agriculture, and in particular Queensland proves itself in a conspicuous degree suitable for the production of tropical crops as well as for yielding wheat. The fact is nowhere disputed. But there exists difficulty in obtaining the necessary labour, and this much is certain, that the natural increase of population in the colonies will not be in a position to supply it, inasmuch as the number of births, principally as a consequence of the widespread practice of prevention of conception in sexual relations, shows a thoroughly terrifying decline, whose effect upon the actual increase in population is only counterbalanced by the uncommonly low mortality.

From 1866-70 to 1901-2 the births in Australia and New Zealand have fallen from 40.9 per 1,000 of the average population to 26.7, a rate that is surpassed by all European nations excepting France. Still more serious is the proportion of births to the number of women in the conceptive age. Whilst in the year 1901 there were in Germany 141.9, in Italy 135.7, in England 110.9 births for every 1,000 women aged from 15 to 50, there were in Australia only 110. This fact is assuming a menacing character for the future of Australia.

Georg von Mayr, the eminent German Statistician, is even more threatening, for he says: "in Australia, England and the United States, the very high rate of increase in the birth-rate has come to a stop, and that for Germany this question is of decisive importance for her future position in the world."

No amount of sophistry can dispel these ugly facts, nor can any amount of casuistry divert us from the conclusion that, even prior to the war, we were rushing headlong to destruction. The war is simply hastening that end. Modern democracy, as we understand it, would appear, like Sodom and Gomorrah, to be doomed to destruction, and for the like reason—there are not ten righteous persons in it.

Attention may now be directed to the concluding phase of the Pearson-Elderton Report, which is by no

means the least interesting and instructive of all. They say:—

The first point which we think is definitely established in this paper, is that there has been an immense fall in the birth-rate of England, north of the Humber.

The second point which we have reached, is that this fall is not due to any physiological decrease in fertility, but to a widespread and nearly universal, artificial restriction of the family. There is no evidence whatever to support the hypothesis that higher wages, the pursuit of pleasure and an increased luxury have produced partial sterility; there is on the other hand an immense amount of evidence pointing to the wide sale of many different types of preventives, and to the great demand for abortifacient drugs.

While it may not be possible to fix an absolute date for the beginning of the propagandism for the limitation of the family, our diagrams certainly seem to indicate that it began to produce significant results about the year 1877. Some of our correspondents actually attribute the beginning of the present fall in the birth-rate to the publication of "The Fruits of Philosophy," and the trial of Mr. Bradlaugh and Mrs. Besant in that year. . . . Yet we believe that some other factor has more largely influenced opinion in this matter. . . . We think that such a factor coming into operation about 1877, may probably be found in the restrictions placed on child labour. . . . Neo-Malthusian doctrines spread and the child ceased largely to be born, because it was no longer an economic asset. . . . The Compulsory Education Act of 1876, the Factories and Workshops Act of 1878 and the Bradlaugh-Besant trial of 1877 are not unrelated movements; they are connected with the lowered economic value of the child, and with the corresponding desire to do without it.

The Bradlaugh-Besant trial and the propagandism which preceded and followed it, have too close a chronological relation to the start in the fall of the birth-rate to be put on one side as secondary matters. A great industrial boom had given all classes of the community not only a higher standard of ordinary living but an acquaintance with "luxuries," which became necessities. When depression followed the problem arose as to which of the least necessary things should be dispensed with. The child, owing to factory and educational legislation, had become more and more a protracted source of expenditure; the moral leaders of the people had taught that the parents had "no right" to children unless they could support them, and this theory had replaced the old evangelical doctrine that: "It is God who sends children, and He will in due course provide for them." . . . The gravity of the Bradlaugh-Besant trial, notorious as it was, was far from recognized at the time; it legitimized the teaching of practical methods for the limitation of the family, and within 30 years has revolutionized the sexual habits of the English people. It has destroyed the pressure which carried an English population as the great colonizing force into every quarter of the globe, and it may be that coming centuries will recognize the Bradlaugh trial as the knell of the British colonial Empire, and the real summons to Slavs, Chinese and other fertile races to occupy the spare places of the earth.

Again let me repeat the words of the Pearson-Elderton Report:—

Many of us can see now that if the movement for the limitation of the family continues unchecked for another forty years, it means national disaster, complete and irremediable, not only for this country but for Britain across four seas.

The decline in the birth-rate of each of the abler and more valuable sections of the community, and the increase in numbers of the actually feeble-minded and less effective and profitable citizens may be—as it probably was in Rome and Greece—the actual cause of the downfall of any civilization where these

phenomena are observed. That this decline is taking place in almost every part of the British Empire and is being accelerated by the war is indisputable. The handwriting is on the wall.

The endowment of racially fit parentage is the great eugenic problem which in this century faces the chief European nations, and one can only express the hope that it may not be given to Germany alone to supply the solution.

For Pearson and Elderton there are need of one or two smaller things and one great one.

In the first place, strong measures on the part of the executive are urgently needed to repress the growing frequency of abortion and the sale by advertisement and otherwise of abortifacients. The licence with which these advertisements appear in the newspapers is intolerable, and whatever may be said of the economic advantages of limitation, nothing can be admitted in defence of a practice which frequently ruins the mother's health, and which, if it does not destroy the young life, may bring a crippled human being into existence. Further, the vendors of these abortifacients are largely concerned not only with the limitation of legitimate births, but also with screening the effects of the present tendency to promiscuity,

which last is, in Australia, open and unashamed.



Ringworm Infection; Advanced Lesion.

In the second place, it is clear that the sale of preventives is very far from confined to the married who wish to limit their families; the chief vendors of them in our large towns appeal not only to single men and women, but are very frequently salesmen of all forms of pornographic literature. Thus they pander, like the advertisers of abortifacients, to the growing movement towards promiscuity.

But the one great thing we want is a real statesman, a man who will see whether the present movement for the limitation of the family is inevitably leading the nation. We need a man who will grasp clearly the economic source of the whole evil, who is able to awake the nation, and who, gaining its support, will make the well-born child again an economic asset. We want a leader who will convince the workers both with head and hand that, however costly, the well-born child is now, as it was in the past, the basis of national greatness and the price of empire, we need above all a statesman who will make this child once more a welcome possibility. He will have a task, such as only those can realize who have plumbed even the shallows of this swamp which—

—without even the German menace—

is threatening to rise and engulf the nation.

“Things never yet created things—
Once—in our time—is there a man?”

A RINGWORM EPIDEMIC PRESENTING A NEW TYPE OF FUNGUS.¹

By C. Norman Paul, M.B., Ch.M.,

Honorary Assistant Dermatologist, Sydney Hospital.

Honorary Dermatologist, Royal Alexandra Hospital for Children.

Recently there passed over certain districts of New South Wales a plague of mice, which advanced with the rapidity of an invading army, leaving in their train signs of great destruction and devastation. Their food supplies were drawn from huge stacks of wheat, accumulated owing to the lack of freight. As a result much of the wheat had to be rebagged and shifted, and many of those handling it, became infected with a cutaneous eruption, which was diagnosed as ringworm. There was ample evidence that the mice were the causative agent in this spread, for many were seen with patches almost denuded of hair. As the occurrence of a similar epidemic is remote, and as the clinical, and more especially the cultural aspects offer certain peculiarities, as well as the source of the disease, for mice are occasionally the carriers of favus, it seemed to me that it may be of interest to record cases

characteristic of this epidemic. The eruptions occurred mostly on exposed parts, and on the hairy region of the face numerous and extensive areas of pustulation, the so-called multiple kerion, presented themselves. The case about to be described is typical of the lesions as they affect the glabrous skin. The forearms were the regions involved, and the history given by the patient was that he had been handling wheat some two and a half months ago, but had only observed the lesion fourteen days before seeking medical attention. He states that in appearance it first resembled goose-skin without any redness, but that later erythema manifested itself, and the lesion spread in a circular manner. Pruritus was complained of, being more noticeable at night-time. On examination lesions in various stages of development were present, a striking feature of the early patches being the rounded, and sharply circumscribed border, in which were scattered on an erythematous base, discrete vesicles, vesico-pustules, and pustules,

¹ Read at a meeting of the New South Wales Branch of the British Medical Association, on November 9, 1917.

but in these desquamation was absent. The more advanced patches showed another phase in which there was a somewhat striking resemblance to chronic eczema. In these, the periphery was not sharply circumscribed as in the earlier lesions, the vesicles and pustules had disappeared, and outlying papules or papulo-vesicles were to be observed, as in chronic eczema, which was also simulated by the surface exhibiting a dry scaly roughness.

After soaking the scales in *liquor potassae* the fungus was revealed in abundance. Cultures were obtained from the hairs and scales with an unusual facility, and were remarkably constant in appearance. On proof media on the fifth or sixth day there were readily discernible with a lens fine radiating hyphae. On the eighth day there was a slightly raised central knob, and the purple lake colour, which characterizes the growth throughout, was now present. On the ninth or tenth day a creamy white powder commenced to appear on the surface, origin-

in advance of the powdery surface, and beyond this the moist, radiating hyphae. A few weeks later pleomorphism developed.

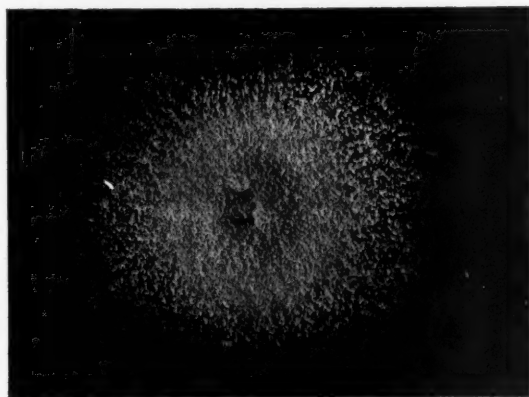
Having recognized from hairs that we are dealing

with an ecto-endothrix fungus, the question which next presents itself, is to which group of this class of trichophytons does it belong? From its origin from animals, clinically from its pustular and kerion formation, culturally from its readily obtainable growth, from its vitality, and rapidity of development, from its powdery or chalky mantle on proof media, from the early developing pleomorphism, you will doubtless recognize one of the microid ecto-endothrix trichophytons of the *Gypseum* group. As I am unacquainted with this growth, and as a search of the literature has failed to reveal such a culture, I am of opinion that we are dealing with a hitherto un-

described fungus, which from its presence in mice I have called the *Trichophyton rodens*.



Ringworm Infection; Early Lesion.



Culture, three weeks.

ating from the centre of the growth. On the fourteenth day one of the subcultures measured four centimetres across, thus demonstrating the rapidity of its growth, the purple lake colour being slightly

Reports of Cases.

LYMPHANGIOMA CIRCUMSCRIPTUM.¹

By C. Norman Paul, M.B., Ch.M.,

Honorary Assistant Dermatologist, Sydney Hospital.

Honorary Dermatologist, Royal Alexandra Hospital for Children.

Lymphangioma circumscriptum, first described by Tilbury Fox, is a rare cutaneous affection, with somewhat definite clinical signs. Its occurrence, usually in early life, is suggestive of a hereditary tendency, and in the present case, the patient, a girl aged twelve years, brought to me by her stepmother, stated that the condition had been present since early childhood. The lesion was situated on the inner surface of the left thigh, and was roughly six centimetres in length and nine in width. Distributed over this area, but tending to be aggregated into smaller patches, are the thick, deep-seated, frog spawn-like vesicles, the largest of which are hempseed-sized and somewhat opalescent, whilst the smallest are just visible above the surface. Some of the vesicles show telangiectases in the form of dots and striae, whilst others appear of a blackish colour, due to blood extravasated from the dilated vessels. If the latter be scratched or subjected to friction, external hæmorrhage

¹ Read at a meeting of the New South Wales Branch of the British Medical Association, on November 9, 1917.

rapidly takes place. In the present case these hæmorrhages were frequently exhibited, a severe one having taken place prior to the patient consulting me. These external hæmorrhages were produced by scratching, as the area involved sometimes became erythematous with consequent pruritus. The eruption, although persistent, varied in appearance and was at times not so pronounced. Briefly stated, the microscopical picture of such a lesion shows the condition to be confined to the papillary and subpapillary layers of the corium, and to consist of dilatation, as well as new growth of the lymphatics, and also to a minor degree of the blood vessels. The patient is having radium treatment, from which good results are expected.



Lymphangioma Circumscriptum.

Reviews.

THE TREATMENT OF CATARACT.

Colonel Elliot's unrivalled experience of ophthalmic work in India, his wealth of material and his ability to use it fit him pre-eminently to speak with authority on the subject of couching for cataract. The present work of 91 pages,¹ written in the author's usual interesting and lucid style, represents the study and analysis of 780 cases of couched eyes. The fifth chapter contains a description of the pathological anatomy of 54 couched eyes and forms a valuable addition to our knowledge of ophthalmic pathology.

The contents of the book was delivered before the Royal College of England as the Hunterian Lectures for 1917, and the amount of work involved in its compilation is not easily conceived. The history of the operation, the technique of its performance, and the Indian coucher with his bizarre ways form the subject matter of chapters of extreme scientific and human interest. The statistics are sad reading and open up large questions of social and political importance. Referring to the *vaidyan*, or coucher, the author writes: "... that he is a standing menace to society, and that he must be suppressed. His methods are crude, filthy and dangerous; his results are so appalling that anyone unacquainted with the ignorance and credulity of the Indian *ryot*, would think it impossible for him to exist." Later on he adds: "It is not suggested that the country is ripe for legislation on the subject. The people are not ready for it." And the author should know, at any rate, better than the reviewer.

PHARMACOLOGY.

Published in London in 1917, "The Practitioner's Pocket Pharmacology and Formulary,"² by L. Freyberger, M.D., Vienna, makes one wonder at the freedom persons of enemy origin are still allowed in our midst. On the title-page the

¹ The Indian Operation of Couching for Cataract, incorporating the Hunterian Lectures, by Robert Henry Elliott, M.D., D.Sc., B.S., F.R.C.S., etc.; 1917. London: H. K. Lewis & Co., Ltd. Royal 8vo., pp. 94, with 7 plates and other illustrations. Price, 7s. 6d. net.

² The Practitioner's Pocket Pharmacology and Formulary, by L. Freyberger, M.D., M.R.C.P., M.R.O.S.; 1917. London: William Heinemann. Pocket size, pp. 545. Price, 12s. 6d. net.

author gives a long list of hospital and other appointments in London that he has held, though we understand that he no longer occupies many of these. He has not, however, held any teaching post connected with pharmacology, but

is chiefly known from his connexion with the notorious Troutbeck, Coroner for South - West London, and for the fierce passages-at-arms between these two and the British Medical Association some years ago.

This book aims at giving shortly a description of the drugs and preparations of the pharmacopœias of Great Britain and Ireland and of the United States, and in addition of some drugs and preparations of foreign pharmacopœias, also of many of the newer synthetic compounds which have been proved of value therapeutically but have not yet been adopted officially.

To facilitate reference the subject-matter has been arranged alphabetically. Under the heading "Properties" the derivation and characteristics of

the drug are described. "Corrigents" to render a disagreeable drug less nauseous are given. The "Use," "Indications" and "Counter-Indications" are dealt with also. Dosage is gone into fully. A certain number of formulæ are appended, but the mistake is often made of giving these freely for many little-used and little-known drugs and hardly at all for many drugs of everyday use. German proprietary drugs receive far too much mention for an English publication.

The latter part of the book is devoted to an "Index of Indications and Counter-Indications" and, as with all such indices, this is too bulky and likely to be confusing to the student and of little practical help to the medical practitioner.

Naval and Military.

CASUALTIES.

In the 364th list of casualties, which was issued on December 5, there is a record that Captain Oswald Jacob Ellis has been wounded severely (gas). In the 365th list, which was issued with the 366th on December 8, there is a record that Major William Henry Rennick has been severely wounded.

The only name of a medical officer contained in the 367th and 368th lists, which were issued to the public on December 11, 1917, was that of Captain Raphael Leo Kenihan, who has been wounded. It is noted that this is the second occasion, and the word gas is appended in parenthesis.

From another source we learn that Major Thomas James Frizell died on December 2, 1917, of wounds received in action.

We learn with deep regret that Captain John Neville Griffiths, R.A.M.C., died in France on November 30, 1917.

The death of Dr. Thomas Kinley Hamilton took place in Adelaide on December 6, 1917.

The Medical Journal of Australia.

SATURDAY, DECEMBER 15, 1917.

The Strain of War.

During the early stages of the war, recruits were accepted and sent to the front after a more or less superficial examination. In the British Army many men with latent and even active foci of tuberculosis were passed as fit. This resulted in a serious loss to the effective strength of the forces, and an unfortunate increase in the incidence of the disease among our men. According to Major P. Horton-Smith Hartley, the greater care exercised at the present time has eliminated this source of danger. Careful examination, however, does not reveal the peculiar constitution of the nervous system which renders a soldier liable to neurasthenia and similar nervous disorders. Consequently the number of men permanently unfitted for military duty on this account has not diminished with the march of time. The subject of shell shock, of war neurasthenia and of war neurosis has received much attention from many eminent authorities during the recent times. It has been discussed in these columns on several occasions. No more enlightened and no abler exposition of the subject has yet been published than that addressed by Colonel Sir John Collie to the members of the Royal Institute of Public Health in London and published in the September issue of *Recalled to Life*. Sir John Collie informs us that approximately 34,000 men in Great Britain are at present drawing pensions because of their inability to serve occasioned by some functional nervous disease. Were it possible to detect the inherent disability at the time of enlistment, the Army would be spared a very heavy burden, and the country would be saved a serious drain both of money and of energy. As men and things are constituted, this defect must be accepted as an unavoidable result of modern war. Sir John Collie gives as the predisposing causes of war neurasthenia fear, the fear of being afraid, terrifying experiences, want of sleep, cold, wet, and

the appalling sights at the front. These emotional conditions produce irritability and loss of self-control; they produce loss of sleep; and this in its turn leads to increased emotional disturbances. He records from his own experience that the neurasthenic is often a brave man. Many of them have distinguished themselves for their daring and initiative as despatch bearers, snipers and leaders of forlorn hopes. These men are temperamentally and neuro-potentially unfit for the awful work they have volunteered to perform. Notwithstanding the fact that they break down under the enormous strain, many of them have returned to the firing line after recovery; not because they wanted to go, but because they felt it their duty to go. He states most positively that the sanity of any man, who, having experienced the horrors of war, wants to go back, may be doubted.

In the organization of the Army in Great Britain there is a definite scheme or system for dealing with the neurasthenic soldier. He is recognized as a sick man—not a malingerer, nor a coward. Special neurological centres have been established immediately behind the fighting line, and these centres are placed under the care of neurologists of repute. Whenever it is possible the shell-shocked man is subjected to the commanding influence of this expert and the result in a large number of cases is that the man is able and willing to return to the line in two or three weeks. The frequency of cures is stated to be very considerable. Whether relapses occur more often among the cured men than primary attacks occur among others, we are not told. The need to use these men is great, and it appears that men who have recovered rapidly and completely from the commotion to their nervous system, are regarded as valuable for military purposes. Unfortunately the number of those who do not respond to treatment and who are ultimately discharged from the Army, is great. For these men the authorities in England, Scotland and Ireland have provided elaborate means for regaining their lost utility. Sympathy, carefully disguised, is extended to them, for it is recognized that they have often done their duty under even greater difficulties than the normally constituted man.

Shell shock and war neurasthenia are as common among Australian as among English, Scottish or Irish soldiers. The strain of war conditions is enhanced when men are kept in the trenches for long periods, owing to the impossibility of sending rested men to replace them. The lack of adequate reinforcements must increase the incidence of neurasthenia. If Australia fails to provide the requisite 7,000 men each month, there will inevitably be an irreparable wastage from this source, in addition to the loss caused by the higher mortality which necessarily must follow when men are exhausted before they are wounded. If those who hesitate whether to vote "yes" or "no" would but read what Colonel Sir John Collie has written of the result of strain and shock in war, they would be forced to recognize the necessity of sending more men, to relieve those who have already had more than enough.

H. W. ARMIT, 30-34 Elizabeth Street, Sydney.

INSECT VECTORS.

Forty years ago the idea of a disease being conveyed from one host to another by means of insects was dreamed of by but few and was rejected by the greater number. The proof became possible only after the discovery of the bacterial or protozoological cause of disease. The first definitely proved insect vector was discovered by Manson in connexion with *Filaria bancrofti*. Since this discovery, the fact that the mosquito conveys the causal organism of yellow fever and that of malaria, that the louse conveys typhus fever and ticks convey some forms of relapsing fever, has established the immense importance of the insect in the spread of many of the infections. After close on forty years, we appear to be in some danger of attributing an exaggerated importance to the insect in its rôle as carrier or intermediate host of these diseases. A recent communication¹ from the pen of Dr. Malcolm E. MacGregor, one of the workers at the Wellcome Bureau of Scientific Research, while replete with information of value, may serve as a danger signal. The undue multiplication of assumed instances of insects conveying disease brings discredit on established instances. Dr. MacGregor has attempted to tabulate our knowledge of diseases supposed to be conveyed by insects. His first table includes diseases of unknown origin. Yellow fever, phlebotomus fever, tick paralysis, Rocky Mountain spotted fever, typhus fever and dengue may be accepted as insect-borne diseases, although the causal organisms are unknown. He becomes speculative when he essays to include in the list trench fever, pellagra and anterior poliomyelitis. The second group dealt with consist in the insect-borne diseases of bacterial origin. Care is needed in distinguishing

between probabilities and proven instances. The evidence of the carriage of *bacillus pestis* by fleas is complete. The majority of bacteriologists are satisfied with the evidence in favour of mechanical transmission of *bacillus typhosus* and *bacilli paratyphosus* A and B by flies from infected ejecta to human beings, although it is rather indirect than direct. Similarly it has been shown that flies can pick up *bacillus anthracis* and convey it elsewhere, but it has not been proved that the spread of the disease actually takes place in this manner. Some doubt may reasonably be expressed regarding the rôle played by flies in carrying Malta fever to man, and the same may be said concerning cholera. That the common house fly is a vector of dysentery is regarded as proven. The author treads on more dangerous ground when he suggests flies, cockroaches, fleas and bed bugs as possible vectors of tuberculosis, and flies, fleas, bed bugs, skin mites and mosquitoes as possible vectors of leprosy. This form of speculation tends to bring the whole subject of insect conveyance of bacteria into discredit. The majority of the diseases due to spirochaetes named in the third list are definitely insect-borne. They include the various relapsing fevers, which are known to be carried by ticks and lice. This has been established by the work of Nuttall and others. Why frambæsia should be included is not clear. The presumption does not appear to be supported by actual observation. In the fourth table he gives a substantial list of protozoal diseases transmitted to man and other animals by insects. Malaria, the various forms of trypanosomiasis, amœbic and flagellate dysentery, piropilosis, red-water fever, Chaga's disease and malignant jaundice are cited as definite instances of insect-borne diseases. The fact that the completion of the life cycle takes place within the insect, renders these examples the most striking of all. Difficulty exists in regard to oriental sore and kala-azar, because the organisms, *Leishmania tropica* and *L. donovani*, have not been found in the suspected insects. The last group consists of diseases of helminth origin which are carried from host to host by insects. Here again the proof is absolute in the majority of cases. Filariasis, taeniasis and Calabar swellings have been shown to be conveyed by mosquitoes, lice and fleas, and horse flies. He adds a list of the known myiases, which do not actually belong to the insect-borne diseases, and concludes with a reference to the allegation that *Achorion schönleinii*, the fungus of favus, is conveyed by lice. He maintains that the louse is the certain vector in this condition. Further evidence is required before this can be accepted. In the prevention of disease it is important to distinguish between those which are spread exclusively by insect vectors, those which are or may be spread occasionally in this manner, and those in which insects probably do not play any part in the ætiology.

POTASSIUM PERMANGANATE IN THE DISINFECTION OF WOUNDS.

A perfect antiseptic for use in living tissues has been sought ever since Lister first taught the world the reason why wounds became septic and why

¹ The Journal of Tropical Medicine and Hygiene, September 15, 1917.

wounded people died of hospital gangrene and other forms of bacterial invasion. The surgeon demands a substance which will kill the bacteria but leave the living tissues unharmed. Many have laid claim that they have found this ideal. Experience has always disclosed that the antiseptics discovered were not indifferent substances in the tissues, even in dilutions less concentrated than were required to kill the bacteria. Moreover very energetic and prolonged action is necessary for the production of a protective effect against spore-bearing bacteria. The disinfectants introduced during the war have not been exceptions to the rule. Shortly after the hypochlorites had been introduced with great confidence, it was regarded as necessary to continue the search. Flavine was one of the results, and a heated controversy has been carried on concerning the powers of this substance. It appears that, notwithstanding the advantages attaching to these new antiseptics, none fulfill the requirements of surgeons. Recently Captain Fraser B. Gurd has called attention to the advantages of an old friend over all the new comers in dealing a knock-out blow to the anaerobes which infest wounds sustained in the trenches.¹ This well-known substance is permanganate of potash. For it he claims that it is inexpensive, that it is a powerful oxidizing agent, that it is an effective germicide, even in dilutions much greater than may be profitably employed, that it is astringent, and consequently acts as a hæmostatic, that it does not macerate epithelium, that in the dilutions employed it is a mild irritant and stimulates the circulation through the adjacent tissues, that it causes little pain, that it induces the prompt appearance of firm, healthy granulations and, finally, that it does not stain or otherwise alter the appearance of tissues other than those which are necrotic. He uses a two or three per cent. solution for patients asleep on the operation table, and a half to one per cent. solution for patients when conscious. His experience has taught him that it acts efficiently against *Bacillus aerogenes capsulatus*, if the wounds are properly dealt with prior to the dressing. When the solution is applied early, gas gangrene can be prevented, and, save when the infection has progressed far, it has been found to act curatively in established infections. It will be noted that no claim is made that the substance does not affect the tissues. On the contrary, the author lays some importance on the stimulating action, which he uses for the purpose of increasing the circulation. It is certain that potassium permanganate damages the tissue cells to some extent, and may even produce destructive lesions, if applied in a concentrated solution. It remains for surgeons working in casualty clearing stations and advanced ambulances to determine whether the practical advantages of this substance are equal or superior to those of eusol, flavine and the other newer war antiseptics.

THE USE OF SCALES.

The value of weighing as a means of examining changes of substance has been appreciated in the science of chemistry since the days when the cele-

brated Lavoisier showed that bodies increased in weight when they were burnt and was thus led to consider combustion as the result of oxidation. The recognition that something must have been added to a body if it has increased in weight, and that something must have been taken away from the body if its weight has decreased, has promoted accurate study of many phenomena. Mass indeed seems to be the only property of matter which can be stated to be strictly additive in quality. The whole edifice of modern chemistry has been erected with the aid of the balance. Just as the balance makes easy the elucidation of combination and decomposition in the domain of pure chemistry, so the less sensitive scales render evident the changes which are involved in the nutrition of the animal body. In no field of medicine is the utility of weighing more apparent than in the dieting of infants. Their growth is due to the construction of new tissues from different foodstuffs. The progress can be readily followed by periodic weighing of the infant. No other method of observing growth is more exact. Scales give the physician information about the growth of the child and enable him to assess its rate with more precision than the thermometer furnishes the temperature in the study of the fever resulting from toxic or microbial processes. Yet many physicians neglect the use of scales while dieting an infant, although they unceasingly make use of the clinical thermometer.

The rate of growth of an infant is sufficiently rapid to be followed with the aid of the scales found in almost every home. The infant gains from 120 to 240 grammes a week, so that it is possible to observe the increase in weight every second or third day. Weighing will show when an infant is not making progress on its mother's milk. Again, when an infant is placed on an artificial diet or when its food is changed, scales will give reliable information as to the efficacy of the diet. While every physician is aware of the possibility of controlling an infant's diet with scales, many do not employ them with the same frequency that they use the thermometer or the stethoscope.

Not only do scales serve to weigh the infant at such times as will provide figures for the investigation of the growth of an infant, but they can be employed to estimate the amount of food taken by an infant at its meals. Medical literature contains records of mothers whose milk has possessed those constituents which confer a good nutritive value but who secrete too small a quantity of milk to nourish their infants. If the quantity of milk that can be expressed from the mother's breast, be weighed after convenient intervals, the insufficiency of the milk can be estimated. Additional nutriment as required by the growth of the child, can then be supplied.

AUSTRALIAN ARMY MEDICAL CORPS COMFORTS FUND.

After a period of waiting, we have received a further contribution towards the Army Medical Corps Comforts Fund. We express our grateful thanks to the donor. We are still asking for £150 before Christmas.

	£	s.	d.
Amount previously acknowledged	111	12	0
Dr. J. Hoets (Sydney)	2	2	0

¹ *Journal of the Royal Army Medical Corps*, August, 1917.

Abstracts from Current Medical Literature.

THERAPEUTICS.

(207) Serum-therapy in Acute Lobar Pneumonia.

A. Bloomfield (*Bull. Johns Hopkins Hospital*, October, 1917) has treated 11 patients suffering from acute lobar pneumonia. The patients were all coloured labourers who were admitted to hospital with the disease well advanced. In addition to serum, hydrotherapy, digitalis and symptomatic measures were employed in treatment. The type of pneumococcus present was isolated by inoculation into mice and the type determined by agglutination with stock immune serum. Special attention was given to the course of the septicaemia, the changes in the agglutinins found in the patients' blood-serum and the occurrence of serum reactions. Each patient received a desensitizing dose of serum of one to five cubic centimetres administered subcutaneously or intravenously. The next day 100 c.cm. or 200 c.cm. serum, warmed to blood heat, were given intravenously by gravity at the rate of two to four cubic centimetres per minute. The serum used was obtained from the Rockefeller Hospital and was known as Type I. antipneumococcus serum. Blood cultures were made before and after the injections and samples of blood were withdrawn for the agglutination tests. The injections were repeated daily until crisis occurred. Full histories are given of the course of the disease and the treatment adopted in each of the eleven patients. In five of the patients pneumococci were present in the blood before the injections. In four of these patients the cocci disappeared after the exhibition of serum. In one patient the colonies were diminished in number before the death of the patient. In another patient colonies reappeared with a terminal sepsis. One patient died, but the organisms did not appear again in the blood. In six patients no organisms were found in the blood before or after treatment. All these patients recovered. The author concludes that the serum prevents the development of septicaemia and is capable of sterilizing the blood. The presence of agglutinins in the sera of the patients was investigated in eight patients. Great variations were observed. A higher titre was obtained in some cases after a less dose of serum than in other cases with a higher dose. Further, the titre bore no relation to the progress of the patient. In one case the septicaemia disappeared and the patient recovered, but no agglutinins could be demonstrated in the blood. In another case the patient showed a high titre and sterile blood for 13 days, but died with intense pneumococcal sepsis. The author concludes that the agglutinative titre of the patient's blood is no guide

to the efficacy of the treatment. No change could be observed in the clinical histories of the patients after the injections. No sudden falls of temperature followed the use of serum nor did the symptoms lessen in intensity. The duration of the patient's stay in hospital was increased as a result of the relapsing serum-disease which occurred in a severe form in six patients. The author points out that, during the same season, many cases not treated with serum, presented elevation of temperature due to slow resolution. Seven patients showed reaction to the injections. In six the effects were severe. In two cases alarming symptoms immediately followed the injections. The symptoms were those of acute anaphylactic shock. The author considers that it is not possible to judge of the curative value of the serum from these cases. Even when 1,100 c.cm. serum were given, no rapid improvement was observed. One patient alone seemed greatly benefited by the serum.

(208) Amylopsin and Trypsin in Malaria.

J. W. W. Stephens, W. Yorke, B. Blacklock, J. W. S. Macfie and C. F. Cooper have tested the effects of administering mixed injections of trypsin and amylopsin in cases of simple tertian malaria (*Annals Trop. Med. and Parasitology*, August, 1917). The ferments were suspended in 10 c.cm. normal saline solution and the injections made into the muscles below the spine of the scapula. When more than one injection was given, an interval of two days was allowed between the injections. The injections were made into 10 patients. Blood examinations were made daily. In no case did the injections cause the disappearance of parasites from the cutaneous blood. In seven patients the rigors continued and the patients' condition became so serious that quinine had to be administered. In the other three cases the rigors ceased. Some swelling occurred at the site of injection. On this account most of the patients objected to have more than two injections. Charts of the changes in temperature and full details of the treatment and its effects are given for each patient. The authors conclude that intramuscular injections of amylopsin and trypsin are of no value in the treatment of acute simple tertian ague.

(209) Quinine in Malaria.

J. W. W. Stephens, W. Yorke, B. Blacklock, J. W. S. Macfie, C. F. Cooper and H. F. Carter have studied the action of intravenous and intramuscular injections of preparations of quinine in simple tertian ague (*Annals Trop. Med. and Parasitology*, August, 1917). The solution employed for intravenous injection, has been 10% bihydrochloride of quinine in normal saline solution. Single injections have been given in eight patients. In seven of these the dose has been one gramme and the dose has been 0.6 gm. for the eighth patient. The immediate result has been the reduction of the temperature to

normal in one to three days and the disappearance of the parasites from the cutaneous blood. Six of the eight patients relapsed. Parasites reappeared in 8 to 14 days. Febrile paroxysms recurred, on an average, in 15 days. Of the remaining patients one died and the other received quinine orally. Multiple injections have been used in 13 patients. The patients have received five or six injections of less than one gramme thrice weekly. In one patient the parasites have not disappeared from the cutaneous blood. The parasites have been permanently absent in one patient after the second injection. In the remaining 11 patients the parasites have been absent from the blood for a varying period. In two patients suffering from malignant tertian ague, neither a single nor a series of six injections in the doses given (less than one gramme twice or thrice weekly) have caused the disappearance of gametocytes or trophozoites from the cutaneous blood. For the intramuscular injections the authors have used a solution of quinine in alcohol mixed with sesame oil. They have tried to obtain an insoluble preparation with the object of ensuring slow absorption and prolonged therapeutic action. The injections contained 0.3 gm. quinine. Patients have been treated with single or multiple injections. Thirty-eight patients in all have received the injections and 31 relapsed. The injection of the alkaloid has led to disappearance of the parasites from the blood and the absence of fever for some days. Relapse has occurred in two to four weeks. The solution causes sloughing on subcutaneous injection. As the intramuscular injections cause much pain in proportion to the size of the dose, the amount given at a single injection has not been increased.

(210) Adrenalin and Asphyxia.

E. Gley and A. Quinquaud have endeavoured to ascertain whether the vaso-constriction accompanying asphyxiation is due to the presence of adrenalin in the blood (*C. R. Soc. Biol., Paris*, January 6, 1917). In agreement with earlier investigators, they have found that the blood from the inferior cava causes an increase in blood-pressure if injected into another dog. Twenty cubic centimetres collected after three minutes' asphyxiation raises the blood-pressure 40 mg. Hg. The authors have also noted that 4.5 c.cm. of blood from the suprarenal vein of an asphyxiated dog augment the blood-pressure as much as 16 c.cm. of blood from the suprarenal vein of a normal animal. They do not, however, regard such experiments as decisive. They find that the characteristic vaso-constriction produced by clamping the trachea in dogs occurs after ligation of all the suprarenal veins. Graphic records of these experiments are reproduced. Since it can be objected that adrenalin may reach the circulation by other paths than the suprarenal veins, they have extirpated the adrenal glands, with due precautions against injury of the splanchnic nerves or the neighbouring nervous ganglia.

The asphyxial effects are characteristic, and the vaso-constriction action of the blood of the asphyxiated animal has been the same before and after the extirpation of the two glands.

UROLOGY.

(211) The Treatment of Vesical Tumours.

John T. Geraghty has dealt with the results of treatment of the various types of tumours of the bladder, and has emphasized the marked improvement which has taken place within the last few years (*Journ. Amer. Med. Assoc.*, October 20, 1917). Papillary tumours are classed as benign papillomata, malignant papillomata and papillary carcinoma. He points out that there are no definite characteristics differentiating benign from malignant tumours. On the other hand, when dealing with the cystoscopic appearance, he teaches that when the tumour is found to be sessile, when there is necrosis, when the surrounding mucosa is infiltrated, when oedema or bullæ are present around the margin of the tumour, and when small nodules are seen elsewhere, the diagnosis of carcinoma can be made with every probability. The differential diagnosis must depend on the recognition of the microscopical appearances, and for this purpose he advocates the removal of small portions, as a preliminary to treatment. During the course of a little over six years, 145 cases of bladder tumour were dealt with in his clinic. Of these, 64 were papillomata, 74 were papillary carcinoma, three were adenocarcinoma, one was a colloid carcinoma, one was a cystic adenoma and two were multiple vesical polypi. Of the 65 cases of papilloma, 34 were treated by fulguration alone. Five of these cases had previously been dealt with by suprapubic excision. A recurrence occurred in 10 cases. In 18 cases treatment by radium and fulguration combined was employed. In some cases he experienced failure with the fulguration, but after radium had been used, fulguration effected a complete removal of the tumour. In three cases the tumours were treated by radium, and in each disappeared. Operative removal through a suprapubic incision was carried out in ten cases. The cautery was used six times, but recurrence occurred within one year twice. No recurrences were noted after treatment by resection. Among the 74 cases of papillary carcinoma, 18 were regarded as operable, and radical resections were carried out. One death occurred within three weeks of the operation, apparently due to pulmonary embolism. Eight other patients died at a later date, and ten were living at the time. Attempts to deal with malignant tumours by radium and fulguration, or radium alone, failed completely. Fulguration yielded some temporary relief in a few cases. The author holds that excision is useless in these inoperable cases.

(212) Syphilis of the Testis.

A. Ravogli (*Urologic and Cut. Review*, June, 1917) finds that the testicle is affected by syphilitic disease in between 3% and 5% of patients. In some cases the patient suffers from a gonorrhoeal epididymitis and orchitis, and after the gonorrhoeal infection has passed off, the damaged organ may fall a prey to the syphilitic virus. Syphilis of the testis may implicate the testis itself, the epididymis, the *tunica vaginalis* or the whole apparatus. In the late stages, the whole testicle is involved in a gummatous affection. The syphilitic testis may be atrophied. At times there is an interstitial orchitis, characterized by a chronic inflammation of the connective tissue of the septa. The atrophy results from the inflammatory process involving the various delicate elements of the organ. Gumma of the testis sometimes goes on to suppuration. The author enters into a discussion of the various forms of syphilitic changes met with in these testes. The diagnosis has to be made from a gonorrhoeal, a tubercular, a traumatic, a urethral and a metastatic orchitis. The chief difficulty lies in the differentiation from the tubercular form. In this affection nodules form in the epididymis, which are hard at first, but soon soften. The skin becomes bluish in colour, and small prominences appear, which soon break down. Pus issues from the fistulæ thus formed. The fistulæ heal up from time to time. The pus issuing from the fistulæ often contains tubercle bacilli. There is often fever at night. The importance of the differentiation is obvious, since the organ can be saved, in part at least, in the majority of cases of syphilis, while it must be sacrificed in tuberculosis.

(213) Vesical Diverticula.

It was formerly held that all vesical diverticula were congenital. Recent opinions, however, ascribe many cases to acquired conditions. Bransford Lewis and Neil S. Moore record two cases in which they attribute the sacculum to an obstruction at the neck of the bladder (*Journ. Amer. Med. Assoc.*, October 20, 1917). The authors hold that the walls of diverticula of the bladder contain so little muscular tissue that they are inert and incapable of evacuating their contents. As a result, the urine in them stagnates and undergoes infection and decomposition. Until the operation of resection had been evolved, no satisfactory method of treatment was available. The improved results of treatment depend partly on the sharper means of diagnosis in general use, including cystoscopy, the taking of skiagrams, etc., and the expedient of temporarily converting the more or less elusive diverticulum into a solid tumour by packing it with strips of gauze, or inserting into it a rubber bag. They describe the steps of modern resection as follows. The ureter is catheterized, and a catheter is left in the bladder. Epicystotomy is performed, and the diverticulum is packed with gauze. The

peritoneum is then stripped off and the diverticulum removed. If the ureter has been cut, its end is divided, and it is drawn through a button-hole into the bladder and attached. The opening in the bladder wall is sutured with chromic gut. If there is an obstruction at the neck of the bladder or in the prostate, suitable means are adopted to remove the obstruction. A cigarette drainage tube is used, and a urethral catheter is retained. The authors append the clinical history of their two cases.

(214) Nephritis.

William Ophüls discusses the ætiology and development of nephritis, limiting his remarks to cases in which the renal tissue showed well-marked diffuse hæmogenous inflammatory lesions (*Journ. Amer. Med. Assoc.*, October 13, 1917). He excludes all focal lesions. In order to establish a definite teaching concerning the ætiology of nephritis, he has undertaken a series of experiments on rabbits, and has produced definite, acute and chronic glomerulo-nephritis by intravenous injections of streptococci. He describes in some detail his conception of the development of the different forms of the disease, and illustrates his remarks with reproductions of micro-photographs. He arrives at the conclusion that there is a well-defined disease of the kidneys caused by general sepsis arising from some infected focus. The most characteristic and constant lesions are situated in the glomeruli and are distinctly of an inflammatory character. The disease occurs in an acute, a sub-acute and a chronic form. In the majority of cases, the lesions are due to streptococci, but other bacteria, at times, produce similar lesions in the kidneys. He has observed many chronic cases which are dependent on a diplostreptococcal infection causing a chronic suppurative tonsillitis. In the course of his experiments, no inflammatory glomerular changes were induced in rabbits by the injection of streptococci isolated from human cases of nephritis.

(215) Unusual Renal Calculi.

John D. Malcolm (*Lancet*, September 22, 1917) records a case of a woman who suffered little pain, and whose only important symptom was severe hæmaturia. The bleeding had led to a very profound anæmia, with the usual concomitants. The right kidney was palpable but not tender. A large shadow in the region of the right kidney was seen on the radiogram, while a smaller one was close to the bladder in the line of the right ureter. With some little difficulty, the right kidney was brought out in the loin through an incision, and a large renal calculus with several rough projections occupying the various calyces, was removed. In addition, 18 small faceted stones, arranged by a single layer, lay in a dilated calyx at the lower end of the kidney. The ureteric calculus was removed separately. The hæmaturia ceased after the operation.

British Medical Association News.

ANNUAL MEETING.

The Annual Meeting of the Victorian Branch, and simultaneously that of the Medical Society of Victoria, was held at the Medical Society Hall, East Melbourne, on December 3, 1917, Professor R. J. A. Berry, the President, in the chair.

Election of Officer-bearers.

The result of the election of office-bearers and of members of the Council of the Victorian Branch and of the Committee of the Medical Society of Victoria was announced as follows:—

President: Professor R. J. A. Berry (unopposed).
Vice-Presidents: Drs. Basil Kilvington and L. J. Balfour.
Honorary Treasurer: Dr. C. H. Mollison (unopposed).
Honorary Secretary: Dr. J. W. Dunbar Hooper (unopposed).
Honorary Librarians: Drs. Allen Robertson and H. Douglas Stephens.
Members of the Council and of the Committee: Drs. A. V. M. Anderson, L. J. Balfour, W. R. Boyd, B. Crellin, F. L. Davies, J. R. Davis, T. P. Dunhill, R. H. Fetherston, Basil Kilvington, A. Norman McArthur, D. Rosenberg, J. Ramsay Webb, J. F. Wilkinson and A. Jeffreys Wood.

Annual Report.

The annual report of the Council was presented and adopted.

Annual Report of the Council for Year ending December 5, 1917.

The Council of the Branch and the Committee of the Society present the annual report for the year 1917.

Election.

At the Annual Meeting, held last December, the following office-bearers and members of the Council and of the Committee were elected:—

President, Professor R. J. A. Berry; **Vice-Presidents,** Drs. W. Ernest Jones and R. L. McAdam; **Honorary Treasurer,** Dr. C. H. Mollison; **Honorary Secretary,** Dr. J. W. Dunbar Hooper; **Honorary Librarians,** Drs. H. Douglas Stephens and Allen Robertson; **Members of the Council and of the Committee,** Drs. A. V. M. Anderson, L. J. Balfour, W. R. Boyd, B. Crellin, T. P. Dunhill, R. H. Fetherston, Konrad Hiller, Basil Kilvington, Alex. Lewers, A. Norman McArthur, R. R. Stawell, A. E. R. White, J. F. Wilkinson, and A. Jeffreys Wood.

At a subsequent meeting of the Council the following appointments were made: **Honorary Assistant Secretary,** Dr. F. L. Davies; **Honorary Assistant Treasurer,** Dr. Julian Smith.

Drs. J. R. Davis and D. Rosenberg later in the year were co-opted to the vacancies caused by the resignations of Drs. R. R. Stawell and E. A. R. White.

Council Meetings.

There were 22 Ordinary Meetings of the Council and five Special Meetings. The record of attendance is as follows:—

Dr. Robertson ..	27	Dr. McAdam* ..	19
Dr. Balfour ..	26	Dr. Lewers ..	18
Dr. Davies ..	26	Dr. Fetherston ..	18
Dr. Jones ..	26	Dr. Hiller ..	18
Dr. Wood ..	26	Dr. Kilvington ..	16
Dr. Anderson ..	25	Dr. Stephens ..	15
Dr. Boyd ..	25	Dr. Davis† ..	14
Professor Berry* ..	23	Dr. Hughes§ ..	9
Dr. Crellin ..	22	Dr. Rosenberg† ..	10
Dr. Hooper ..	23	Dr. Smith ..	7
Dr. Mollison ..	23	Dr. White† ..	4
Dr. McArthur ..	22	Dr. Stawell† ..	2
Dr. Wilkinson ..	21	Dr. Dunhill§ ..	1

Representatives of Divisions:—

Dr. Kennedy ..	9	Dr. Henderson ..	1
Dr. Spring† ..	8	Dr. Bonnin ..	1
Dr. Champion† ..	3	Dr. Ffrost ..	0
Dr. Morrison† ..	1	Dr. Florance ..	0

Trustees of Medical Society Hall:—

Dr. Mollison ..	23	Dr. C. S. Ryan ..	0
Dr. Syme ..	21	Dr. J. P. Ryan ..	0
Sir Harry Allen ..	1		

* Leave of absence. † Resigned. § Absent from State.

‡ Elected during year.

At its meeting on October 24, 1917, the Council passed the following resolution:—

That the Honorary Secretary send a letter of sympathy to the Vice-President, Dr. R. L. McAdam, in his

serious illness; and that official leave of absence from the Council be granted to him.

Sub-Committees.

The following sub-committees were appointed by the Council, the first named members acting as conveners: The President and Honorary Secretary are *ex-officio* members of all Sub-committees.

Organization.—Drs. Robertson, Anderson, McAdam, Crellin, Balfour, Fetherston, McArthur, Kilvington, Wilkinson, Boyd and Davis, with power to add.

War Organization.—Mr. Crouch, Drs. Boyd, McAdam, Dunhill and Wood.

Press.—Drs. Lewers and Wilkinson.

Ethical.—Drs. McAdam, Anderson, Davies, Balfour.

Legislative.—Drs. Crellin, Davies, Jones, White, Anderson.

House.—Dr. Mollison.

Scientific.—Drs. Hiller, Stephens, Lewers, Robertson and Kilvington, with power to add.

Medical Agency.—Drs. Kent Hughes, Mollison, Robertson and Crellin. Dr. Kilvington to act in absence of Dr. Hughes.

Appointments.

The following appointments were made by the Council:—

Bush Nursing Association: Dr. H. Douglas Stephens.

Advisory Board to Medical Inspector of Schools: Dr. H. Douglas Stephens.

Free Kindergarten Union: Dr. W. Kent Hughes.

Representative on the Central Council: Dr. J. Ramsay Webb.

Representatives on Federal Committee: Dr. Fetherston and Mr. Syme.

Victorian Correspondent for *British Medical Journal*: Professor R. J. A. Berry.

Representatives on the District Medical Committee: Dr. Boyd and Mr. Syme.

Representative on the Venereal Diseases Advisory Committee: Dr. Mollison.

Membership Roll.

The number of members on the roll is 917 as against 861 of the preceding year. During the year there has been a gain of 82 members, 77 by election and 5 by transfer from other States. On the other hand there have been lost 10 by transfer; 4 by resignation and 16 by death, and 4 whose subscriptions are two years in arrears cease to be members. We regret to have to record the deaths of the following members: Drs. M. F. Kelly, C. Fetherstonhaugh, M. L. Williams, M. R. Hughes, M. A. Reid, A. V. Honman, M. U. O'Sullivan, F. A. Deravin, G. Lambie, John Thomson, W. Boake, J. J. Nicholas, Eric Kerr, A. E. B. Forster, W. W. Hearne, and N. J. Bullen.

Special Meetings.

Five special meetings of the Council were held during the year, at which the following business was transacted:—

(a) The question of conscription of the whole medical profession in Australia was again brought before the Council by two representatives of the Council of the British Medical Association in New South Wales.

(b) The rules of the Association were amended to provide for secrecy of the ballot.

(c) The Ethical Rules were amended as regards trade advertisement.

(d) The offer by the delegates of the Association of Friendly Societies was discussed, and they were notified that their offer was not acceptable.

(e) The resignations of the lodge surgeons were tendered as from February 1, 1918, with a request for their reappointment on terms of the new agreement.

War.

The war continues to drain the country of its civil medical service. Those who have been unable to serve the Empire by enlistment, are feeling the strain of overwork, as they are unable to gain relief by obtaining assistants or *locum tenentes*. As many as 19 applications in one day to the Medical Agency for *locum tenentes* have had to be refused. Many members are anxious to go abroad but are unable to find assistants to take charge of their practices during their absence; some cannot leave a large and scattered community destitute of medical attention; others again have

abandoned their practices, trusting to resume them after the war.

Notwithstanding these difficulties, of the 918 members of the Branch 221 are abroad on active service; 41 are in training preparatory to embarkation; 30 are on home service, and 83 have returned from active service abroad. Thus 375 of the members, or 40.8% have given service to their King and country. With regret it has to be recorded that 26 Victorian practitioners have made the supreme sacrifice, the following since the issue of the last annual report: Drs. E. E. Harkness, A. V. Honman, M. R. Hughes, F. A. Deravin, G. S. Elliott, N. J. Bullen, Eric Kerr, J. J. Nicholas, Harold O. Teague, M. L. Williams and W. W. Hearne.

A resolution was passed by the New South Wales Branch affirming the principle of equality of obligation to serve and calling upon the Federal Government to conscribe the medical profession. As the proposal did not seem to be practicable your Council was unable to support the New South Wales Branch Council in this respect, and after hearing arguments from representatives of the New South Wales Branch Council, reaffirmed its previous decision. The matter was later referred to the Federal Committee and a referendum was taken in all the States. The requisite majority not being forthcoming, the Federal Government was not approached in the matter.

In Victoria 412 votes were recorded, of which 269 were in the affirmative and 143 in the negative.

At its meeting on Thursday, November 15, 1917, the Council unanimously adopted the following resolution:—

In view of the gravity of the present international position, of the danger with which Australia, in common with the rest of the Empire, is threatened, and of the possibility of a period of German domination, the Council of the Victorian Branch of the British Medical Association urges upon its members the necessity of supporting the call to universal service.

The Association of Friendly Societies of Victoria.

The long series of negotiations and conferences between the Victorian Branch of the British Medical Association and the Association of Friendly Societies of Victoria has at last culminated, and the Council has been compelled to tender the resignations of the lodge surgeons. The Council desires to place on record its appreciation of the loyal support given to it by the members in this difficult matter and for a history of the negotiations would refer them to the official statement which appears in *The Medical Journal of Australia* of November 24, 1917, and copies of which may be obtained from the Secretary on application. The statement referred to was drawn up by the President, at the Council's request and with its full approval.

Post-Graduate Classes.

At the request of members the Council authorized Dr. Hiller, Chairman of the Scientific Sub-Committee, to prepare a scheme for post-graduate classes in venereal diseases. The scheme was approved and the classes were eminently successful, 77 members attending the whole or portion of the course. It has been decided to print the series of lectures for distribution among members of the classes and for sale to non-members.

Metric System.

The Council proposed to the Faculty of Medicine of the University of Melbourne that the metric system of weights and measures should be taught to the exclusion of any other system. A sympathetic reply was received, and it has been arranged that the change shall come into force next year.

University Lectureship on Medical Ethics.

At the further request of the Council the Faculty of Medicine has agreed to establish a lectureship on medical ethics, at which attendance by students shall be compulsory. The course will probably comprise three lectures, and a lecturer will be appointed in due course.

Medical Agency.

In June the Council approved of the establishment of a medical agency, under the control of the Medical Society of Victoria, for the supplying of *locum tenentes* and for the exchange of practices.

A large number of practices have been placed in the hands of the agency for disposal, but owing to the present diffi-

culty of obtaining medical men, comparatively little business has been transacted. A balance sheet will be published in February next.

Pharmaceutical Society.

A Conference was held with delegates from the Pharmaceutical Society, when ethical and other questions affecting both bodies were amicably discussed and determined. A full account of the proceedings was published in *The Medical Journal of Australia* on June 16, 1917.

Ethical.

The Ethical Committee has held numerous meetings, and matters of considerable importance to the profession have been discussed and recommendations thereon made to the Council.

Advertising.—The practice of advertising attendance upon patients has almost ceased, and the Council has received the assurance from the Editors of the Melbourne dailies that names of medical practitioners shall not appear in such connexion. In every instance reported to the Council a notice has been sent to the medical practitioner concerned, asking him to communicate with the Editor of the paper with a view to stopping any repetition of the same.

Homœopaths.—For the better organization of the profession, the suggestion has been made that homœopathic practitioners should be eligible for membership of the Association. At present they are debarred therefrom by a resolution of the Federal Committee. The matter has been referred to that committee.

Radiography.—It was decided that the property in radiographic plates remained with the radiographer.

Cypher Prescriptions.—At the instance of the Pharmaceutical Society, inquiries were made into the use of cypher prescriptions, and it was decided that the use of such prescriptions was unethical.

Legislation.

The Venereal Act came into operation in December last. The passing of the Act had the cordial support of the Association, but it is still too soon to judge of its effectiveness in checking the spread of venereal disease.

A further amendment was suggested to the Branch by the Federal Committee, giving the medical attendant on a venereal patient, who persisted in the intention to marry, an absolute privilege to inform the person to be married or the parents of the condition of the other party to the marriage contract. This amendment was approved and forwarded to the Secretary of the Public Health Department, with a request for its incorporation in the Act.

A Conference with representatives of the Pharmaceutical Society determined the list of drugs which a chemist was debarred from supplying without the prescription of a medical practitioner.

Deputations.

A deputation waited on the Chief Secretary with a view to securing a representative of the British Medical Association on the Nurses' Board, and the request of the deputation was granted.

A second deputation waited on the Chief Secretary, to protest against any lowering of the standard of vision for re-examination of sea-pilots. As a result it was decided that the present standard should continue in operation.

In conjunction with representatives of the Pharmaceutical Society a deputation waited on the Chief Secretary, to request that there should be representatives of the Royal Victorian Trained Nurses' Association on the Nurses' Board and to have legislation framed preventing nurses purchasing narcotic drugs. The result, however, was unsatisfactory.

Public Hospitals.

Acting on complaints made from Bendigo and Hamilton that patients were admitted to the State-aided hospitals who were well able to pay for outside medical treatment, the Council drew the attention of the Inspector of Charities to this abuse of public charity. The Inspector of Charities, in his reply, condemned the practice.

Monthly Meetings.

Five monthly meetings have been held and two clinical meetings. The following papers were read:—

Dr. Herman Lawrence: "A Peculiar 'Blue Spot' Eruption observed in soldiers."

Dr. Roland Wettenhall: "Prevalence of Disease of the Skin amongst Soldiers on Active Service."

- Lieut. B. Thompson: "Army Dental Corps' Work in reference to Disease."
 Captain C. H. Johnson: "Routine Methods employed in Langwarrin Camp."
 Professor R. J. A. Berry: "The Annual Rate of Growth of the Brain as determined from Living Males between the Ages of 6 and 21 years, and the Relations of the Same to Education."
 Mr. L. A. J. Maxwell: "Function and Development of the Brain."
 Dr. E. B. Heffernan: "Experiences in three hundred cases of Parturition treated by Scopolamine-Morphine Injection."
 Mr. H. B. Devine: "Chronic Ulcer of Stomach and Duodenum; Operations and end results in 38 cases."
 Major T. Cherry: "Bilharziosis."
 Dr. W. E. O'Hara: "Experiences of a Regimental Officer at the Front."
 Dr. W. J. Penfold: "The Establishment and Work of the Serum Institute."
 Professor W. A. Osborne: "Recent advances in Physiological and Biochemical Technique."
 Dr. W. A. Wood: "Thirty cases of Appendicitis in Children."

The following showed cases: Drs. A. V. M. Anderson, A. W. Finch Noyes, J. F. Mackeaddie, Mr. Hamilton Russell, Mr. R. C. Brown, Drs. J. P. Major, G. P. O'Day, J. Kennedy, S. A. Ewing, C. G. Crowley, H. C. Colville, S. Argyle, W. Denehy, D. Murray Morton, H. B. Devine, Julian Smith, J. Forbes Mackenzie, J. Lee Atkinson, John Murphy, F. E. McAree, Herman Lawrence, Edward Ryan, A. Norman McArthur, Thomas Murphy, M. M. Perl.

Balance Sheet.—The Annual Balance Sheet for period ending December 31, 1917, will be presented at the monthly meeting in February.

Librarians' Report.

The Librarians have pleasure in presenting the report for the year ending December 5, 1917.

We have to report that owing to the war there have been no considerable additions to the Library; in fact many of our regular contributions have been largely interfered with, the sinking of two vessels being responsible for the shortage of a number of periodicals.

The question of joint action by the various medical libraries in Melbourne has not been lost sight of, but owing to there being no new additions to the libraries, the resolutions agreed to at the Librarians' conference last year have not been carried into effect.

We still regret that very few journals are received by us in exchange for the *Australian Medical Journal* and still fewer are the books which we have been able to acknowledge by way of review. By arrangement with the Editor of *The Medical Journal of Australia* we were to receive a proportion of the books sent to him for review. From this source we have received 24 books, 18 of which were reviewed last year, and 6 this year. We have been notified that a further consignment of books is now upon its way to the library.

We have fortunately been able to complete several of our sets of English and American journals through purchase from H. K. Lewis, of London, and from the Ramsey County Medical Society, U.S.A.

All journals sufficiently complete have been bound in spite of the increased cost of binding, and these are now available. Applications from country centres for textbooks have been frequent, but we were only able to supply early editions. Our policy in respect to purchase of textbooks will have to be revised when finance will allow of extension in this direction.

We have to acknowledge with thanks contributions to the library of books, reports and journals, from Mrs. A. E. B. Forster, widow of one of our late members, from the Smithsonian Institute, from the Director of the Federal Quarantine, from the Inspector-General of Insane, and from the Editor of *The Medical Journal of Australia*.

ALLEN ROBERTSON, } Hon.
 H. DOUGLAS STEPHENS } Librarians

Presidential Address.

Professor R. J. A. Berry, as retiring President, read an address, entitled "The Menace of the Birth-rate" (see page 491).

Dr. Basil Kilvington, before calling on Dr. R. R. Stawell to move a vote of thanks, stated that the subject of Professor Berry's remarks should be taken to heart by all. It came as a shock to him that the limitation of families was more marked in Australia than in the old country, and was more marked among the highly educated and so-called upper classes. He considered that the Branch was fortunate in having Professor Berry in the Presidential chair for another year.

Dr. R. R. Stawell moved a vote of thanks to Professor Berry for his thoughtful, painful and grave address. He thanked him also for the thoughtful work, wise advice, vigour and knowledge, that he had given to the members and to the Council throughout his year of office. Even the casual-minded member must realize that the work of the Council had been hard, and had been associated with troubles; at the present moment its chief executive officer was beset with most serious and critical difficulties. His address had been an example of the high seriousness with which he invariably viewed great subjects. He thanked him also for the masterly exposition of the lodge question recently published over his name.

Mr. R. Hamilton Russell seconded the vote of thanks. He considered that the matter was one which should not be allowed to remain where it was. It should be taken up by the public. He had thought that the practices condemned had been confined to the wealthier classes, and that the lower classes were free from them. He had been horrified, on hearing from a small tradesman in a poor part of Melbourne that there was propaganda work going on among women in regard to the limitation of families.

The motion was carried with acclamation.

Professor R. J. A. Berry thanked the members for the honour they had done him in re-electing him to the Presidential chair, and for the support and confidence they had given him during his tenure of office. He disclaimed all credit for the preparation of the official statement on the lodge question. He was merely the mouthpiece of the Council. The members of this body had given him a large amount of their time, and he did not forget the services of their Secretary, Mr. C. Stanton Crouch. He would endeavour to look after the interests of their profession, which he always had at heart. Before concluding, he again referred to the peril in which the nation stood, arising from the diminishing birth-rate.

General Business.

Dr. W. R. Boyd pointed out the necessity of increasing the compensation and guarantee fund. An appeal had been made three years before, and a considerable sum had been raised. As a result of a recent appeal, more money had come to hand, and only £100 had been spent on organization.

He called attention to the experience connected with the struggle in Great Britain at the time of the introduction of Lloyd George's insurance scheme. There, through want of complete organization, and through inability to realize the lavish promises of cash into actual cash, the members had fared badly in their struggle against the National Insurance Act. The attention of members should be drawn individually to the necessity of a large fighting fund. The prospects of success in the fight were exceedingly good. It remained for members to instil into others the confidence which their leaders felt, and nothing would do more than the presence of a large compensation fund to help some men who might have incurred loss by remaining loyal to their fellow members.

In reply to Dr. J. Leon Jona, the President stated that the question of the admission of homeopaths to the Australian Branches of the British Medical Association had been referred to the Federal Committee, and would be considered by that body at its meeting in February, 1918.

SCIENTIFIC.

A meeting of the New South Wales Branch was held at the B.M.A. Building, 30-34 Elizabeth Street, Sydney, on

November 9, 1917, Dr. R. Gordon Craig the President, in the chair.

Dr. C. E. Corlette stated that he had intended to exhibit a patient in whom he had carried out a cosmetic fat transplantation for a defect in the frontal bone. Unfortunately, the patient had not turned up. The patient had received a bullet wound in the forehead. Both the outer and the inner table of a portion of the frontal bone had been destroyed. There was a deep impression, at the bottom of which the *dura mater* was seen. The wound had created much disfigurement. Dr. Corlette had therefore endeavoured to cover the defect by implanting a mass of fat. The result had been satisfactory.

In the next place, he showed an appendix which he had removed a few days previously. It was the biggest appendix he had ever seen. The medical practitioner in charge of the patient had discovered a tumour in the appendical region, and had made a provisional diagnosis of malignant disease. When he saw the patient, Dr. Corlette was inclined to agree with this opinion. The tumour became intensely painful during the following days, and it was therefore determined that its removal should be undertaken at once. It proved to be a very large appendix, having all the outward appearances of an organ affected with hyperplastic tubercular infiltration. It contained several hard concretions, the largest of which was gritty, ragged looking and irregular. These concretions were not like those usually found in an appendix, but looked much more like renal calculi. The neck of the appendix was quite small and narrow. Dr. Corlette stated that he had seen a condition somewhat similar to this in an immigrant who had been attacked by acute pain and other symptoms pointing to appendicitis, during his voyage to Australia. In this case, the tubercular affection had involved the caecum as well as the appendix. In the case which he was recording that evening, there was no infiltration of the caecum.

Dr. R. Gordon Craig agreed that there was strong probability that the appendix was affected by a tuberculoma. He pointed out, however, that carcinoma of the appendix did occur, although no one had yet demonstrated this disease in an advanced stage. Two or three members had exhibited early cases of primary carcinoma. He expressed the hope that Dr. Corlette would report to a subsequent meeting the result of the pathological examination.

Dr. T. W. Lipscomb exhibited a patient with double congenital dislocation of the hip. The child was two years and three months of age. The gait was typically waddling, and there was well-marked compensatory lordosis. He projected a skiagram, taken by Dr. Edwards, on to the screen. It was seen that the heads of the femora were lying on the dorsum of the ilium. The acetabula were well developed. Dr. Lipscomb hoped to be able to get the heads of the bones into position, and to relieve the child. He pointed out that only those on the staff of children's or orthopaedic hospitals had an opportunity of seeing many of these cases. He had brought the child up largely for the purpose of obtaining the opinion of members with regard to the prospect of complete restitution.

Dr. R. B. Wade referred to a very early case of congenital dislocation of the hip. The head of the femur was situated just above the acetabulum. It had not yet travelled round to the back of the ilium. Some authorities held that the dislocations began posteriorly. He had found that when the weight of the body was borne on the displaced bone, it travelled backwards on to the ilium. In reducing these dislocations, it was usual to bring the head round to the lower and outer border of the acetabulum. In the early case to which he had referred, he was able to replace the head into the acetabulum by bringing it over the upper border. He was of opinion that the result in Dr. Lipscomb's case would be satisfactory. Some care, however, should be exercised in giving a prognosis to the parents. In about 60% of the cases an anatomical cure was obtained. In the remaining 40%, the head of the bone tended to slide out anteriorly and to find a position below the anterior superior spine. The functional results, however, were by no means bad. He had formed the opinion that the parents could be told that, even if an anatomical cure could not be obtained, very good functional results might be anticipated. The parents should be urged to submit the child to the long course of

treatment. Dr. Wade stated that Lorentz's treatment still remained the standard method. This treatment, however, occasionally resulted in fracture of the neck of the femur and, at times, the sciatic nerve was temporarily damaged. The damage was inflicted by forcibly stretching in the long axis of the limb. Ridlon had introduced a modification in which there was no stretching in the long axis. The knee was flexed in the process of reduction, and less trauma was inflicted.

Dr. R. Gordon Craig pointed out that, in addition to the waddling gait and the lordosis, there was one very typical sign which was frequently neglected. Jackson Clarke made no mention of it in his writings. It was found that when the child with a dislocated hip stood on one foot, the gluteal fold ran horizontally. He thought that Dr. Lipscomb's patient should do very well. There was, however, no certainty. The prognosis given should be guarded. He hoped that Dr. Lipscomb would bring the patient up again, after the reduction had been carried out.

Dr. Lipscomb thanked Dr. Wade and Dr. Craig for their valuable assistance and advice.

Dr. C. Norman Paul read some notes on the recent epidemic of ringworm (see page 496). He exhibited cultures of the trichophytons.

Dr. E. H. Molesworth thought that Dr. Burton Bradley had a culture of the same nature at the Micro-Biological Bureau. He was under the impression that this culture was also obtained from the infected mouse district and that the characteristics were similar or identical. He asked Dr. Norman Paul whether he was quite certain that the trichophyton came from the mouse. He understood that a few mice had been obtained by the workers at the Micro-Biological Bureau from the infected district, but no ringworm had been found. He suggested that until the fungus was found on the hairs of the mice, it would not be justifiable to say that the disease was spread by the mice. He agreed that there was a strong probability that the mice gave rise to the disease.

In his reply, Dr. Norman Paul stated that he had not been able to examine any of the mice from the infected districts. He had, however, the assurance of his patients that many of the mice had a skin disease exactly similar in appearance to that for which they were being treated. There were said to be definite patches of baldness in the mice. The patients had handled them, and attributed their own conditions to an infection from the mice. Since he was able to reproduce the ringworm in healthy mice from the cultures, he had very little doubt that it arose in the manner described.

Dr. C. Norman Paul also read the notes on a case of *lymphangioma circumscriptum*. (See page 497).

In the absence of Dr. Andrew Davidson, the Honorary Secretary, Dr. R. H. Todd, read a note on a case of insanity, and exhibited a brass tap handle. The patient was a male aged 51 years, an alcoholic dement. It had been noticed that the tap handle of the bath had disappeared after this patient had been in the bath. A thorough search was made, but no trace of it could be discovered. About two weeks later the patient had an attack of offensive diarrhoea and passed blood and mucus in the motion. The attack lasted three or four days. Four weeks after the tap handle had disappeared, the patient passed a large offensive motion containing the missing object. Apparently the foreign body had produced no ill effects, and although it had remained in the intestinal tract for a considerable time, the patient did not complain of pain and had had no fever. He was in the habit of swallowing indigestible foreign bodies, such as a closed safety pin, large overcoat buttons and the like. Dr. Todd stated that they had frequently heard of the human ostrich, but were now brought face to face with an example. In the square opening of the tap handle a bone button was firmly impacted.

The following have been elected members of the Victorian Branch during the months of September, October and November, 1917:—

Dr. Leslie Osborne Macnamara, Nhill.
Dr. Hilda Mabel Rennie, South Yarra.
Dr. Albert Edward Kemp Bishop, Yarrowonga.
Dr. Albert Ernest Victor Hartkopf, 190 High Street, Northcote.

Dr. Horatio Percy Martell, Moonee Ponds.
 Dr. William Edward Brunskill, Murchison.
 Dr. Archibald Gladstone Corbett, Base Hospital, Melbourne.
 Dr. William Withers Ewbank, Collins Street, Melbourne.
 Dr. William Alfred Leslie Harrison Henderson, Clifton Hill.
 Dr. Hubert Sydney Jacobs, St Kilda.
 Dr. Robert Douglas Aitchison, Albert Park.
 Dr. Edwin Thomas Cato, Hawthorn.
 Dr. Francis Gerald Donovan, Murrumbidgee.
 Dr. Gerald Vincent Francis Doyle, Royal Park.
 Dr. William Arnold Graham, Arild.
 Dr. John Joseph Kelly, Woodlawn.
 Dr. Hilda Burn Kershaw, Tunstall.
 Dr. Walter Andrew Luke, Sale.
 Dr. Peter Lynch, Carlton.
 Dr. Francis Richard Meagher, Hawthorn.
 Dr. William Harold James Moore, Canterbury.
 Dr. Wilberforce Stephen Newton, Alfred Hospital.
 Dr. Frank Kingsley Norris, Children's Hospital.
 Dr. William Richard Trembath, Fairfield.
 Dr. David Ernest Trumpy, Warragul.
 Dr. John Grieve Whitaker, Canterbury.
 Dr. Douglas Oakley White, Pakenham.
 Dr. Annie Winifred Windmill, Geelong.
 Dr. Desmond Chisholm Worch, Malvern.
 Dr. John Kirkpatrick, Birregurra.
 Dr. Edward Matthews Owens, Camperdown.
 Dr. Thomas Clive Backhouse, Melbourne.
 Dr. George F. Wickens, Carlton.
 Dr. David Tyrrell Keyes, Shepparton.
 Dr. Hewlett Breton, Terang.
 Dr. Leslie Everton Hurley, Melbourne.
 Dr. Donald Greig May, Northcote.
 Dr. William Allan Stewart, Brunswick.
 Dr. Charles Eric Watson, on Active Service.
 Dr. Robert Andrews, on Active Service.
 Dr. Stanislaus Emil A. Zichy-Woinarski, Melbourne.
 Dr. William Thomas O'Shaughnessy, Kew.
 Dr. Lindsay Ballantyne Anderson Inglis, Kew.
 Dr. Edgar Montgomery Herbert Inglis, Kew.
 Dr. James Garnet Sleeman, Bendigo Hospital.

The following have been nominated for election as members of the New South Wales Branch:—

Thomas Yeates Nelson, M.B., Ch.M., 1917 (Univ. Sydney), Sydney Hospital.

William Francis Digges La Touche, M.B., Ch.M., 1917 (Univ. Sydney), Royal Prince Alfred Hospital, Camperdown.

George Jacob Maxwell Saxby, M.B., 1917 (Univ. Sydney), Sydney Hospital.

Obituary.

NORMAN JOHN BULLEN.

Widespread regret has been expressed at the news of the untimely death of another of those promising young medical men who readily responded to the Empire's call to uphold the finest traditions of our race.

Norman John Bullen was born at South Yarra, in Victoria, on December 11, 1886. He was the son of Mr. George Bullen, solicitor, of Melbourne. He was educated at the Caulfield Grammar School, and subsequently was master at the Malvern Grammar School and the High School, Bendigo. Whilst engaged in teaching he was working for his first year medicine. He was an exhibitioner in the third year of his medical course, and his place in the final honour list gave him a position as Resident Medical Officer at the Melbourne Hospital. He left the Melbourne Hospital to join the Resident Staff of the Children's Hospital, Melbourne, in 1914, and rose to the position of Senior Resident Medical Officer at that hospital.

Norman John Bullen always evinced a keen interest in military work and was a prominent member of the Melbourne University Rifle Club. When he enlisted at the end of 1915 he was Commanding Officer of the club with the rank of Captain. He left Australia with the rank of Captain in

the Australian Army Medical Corps, in March, 1916, and proceeded to Egypt, where he was stationed at Ismailia. There he was appointed Captain and Adjutant to the 15th Field Ambulance. In June, 1916, he went to France, and was continuously in action until his death on the field on October 16, 1917. He attained his majority about May, 1917. During the same month he was slightly "gassed." He was then transferred to the 59th Infantry Battalion. He served with this unit up to the time of his death. Returned soldiers have spoken in the highest terms of his popularity amongst his men, of his keenness in his work and of his ceaseless efforts to promote the comfort of the wounded under his care.

His fine work while Senior Resident Medical Officer at the Children's Hospital, Melbourne, will long remain in the memories of all with whom he was associated. He was a tower of strength to the Hospital throughout 1915, a year when resident medical officers were unobtainable, and also when the beds of the hospital were taxed to their fullest extent by a most serious outbreak of cerebro-spinal fever. During this epidemic the staff was frequently one, two and even three members below its full strength. He not only did magnificent work, but in the face of all his difficulties contributed a most excellent paper on the result of his work, to the Victorian Branch of the British Medical Association, in October, 1915. His services were so highly esteemed by the Committee of Management of the Hospital and by the Honorary Medical Staff that great pressure was brought to bear on him to continue his invaluable work for many months before allowing him to carry out his wishes to follow his friends to the front.

Norman John Bullen was an enthusiast in all he undertook and a born organizer. His energies never flagged, whether as tutor, military officer, or medical man; modest as the true scientist, he was always gentle, loyal and true. Norman John Bullen will long be missed. The medical profession is all the poorer for his having passed to the Higher Service.

ERIC JOHN KERR.

In our issue of November 10, 1917, we had the painful duty of recording the fact that Captain Eric John Kerr had been killed in action. All that is known concerning his death is that it took place in Flanders on October 4, 1917.

Eric John Kerr was born on March 18, 1892. He was first educated at the Auburn State school, from which he won a Government Junior Scholarship. He then proceeded to the Camberwell Grammar School, where he remained for two years. At the end of that time he passed the Junior Public Examination. The remainder of his general education was conducted at the Wesley College, Melbourne. His comrades and his masters soon recognized that they were dealing with an unusual type of boy. While he excelled both at his work and on the field, he laid the foundation for a popularity which followed him to the end of his life. He was made a Prefect of the College, and was valued as a member of the Wesley cricket and football teams. At the age of 18 he entered the Melbourne University, having won a Government Exhibition. In 1915 he took the degrees of Bachelor of Medicine and Bachelor of Surgery. After graduating, he served as Resident Medical Officer at the Melbourne Hospital, and in December, 1915, he volunteered for service. He obtained his Captaincy in the Army Medical Corps, Australian Imperial Force, on March 1, 1916, and was sent forward attached to the Third Pioneer Battalion. Eric John Kerr was the second of four brothers, all of whom have donned khaki. The eldest, Captain Frank Robison Kerr, was a Rhodes Scholar at Oxford University when war broke out. He took a commission in the Royal Army Medical Corps, and gained the Distinguished Service Order. Alan Kerr, the third brother, enlisted in an Infantry regiment and gained a commission while on active service. He was killed in action at Pozieres in July, 1916. Immediately on receipt of the death of Alan, the youngest brother, Keith, who was still at Wesley College and had just reached the age of 18 years, enlisted in the Artillery. We understand that he is still fighting in Flanders. All four brothers were the holders of Government Junior Scholarships, and the three eldest gained, in addition, Government Exhibitions.

Public Health.

NEW SOUTH WALES.

The following notifications have been received by the Department of Public Health, New South Wales, during the week ending December 1, 1917:—

	Metropolitan District.		Hunter River District.		Rest of State.		Total.	
	Cs.	Dths.	Cs.	Dths.	Cs.	Dths.	Cs.	Dths.
Enteric Fever	3	0	2	0	7	1	12	1
Scarlatina	10	0	1	0	9	0	20	0
Diphtheria	36	2	3	0	25	1	64	3
C'bro-Spl. Menin.	0	0	0	0	2	0	2	0
*Pul. Tuberculosis	22	8	0	0	0	0	22	8

* Notifiable only in the Metropolitan and Hunter River Districts, and, since October 2, 1916, in the Blue Mountain Shire and Katoomba Municipality.

Two cases of variola have been notified from Kuri Kurri.

VICTORIA.

The following notifications have been received by the Department of Public Health, Victoria, during the week ending December 2, 1917:—

	Metropolitan.		Rest of State.		Total.	
	Cs.	Dths.	Cs.	Dths.	Cs.	Dths.
Diphtheria	42	0	29	0	71	0
Scarlatina	28	0	25	0	53	0
Enteric Fever	3	0	18	0	21	0
Pulmonary Tuberculosis	16	6	11	2	27	8
C'bro-Spl. Meningitis	1	—	2	—	3	—
Poliomyelitis	1	—	0	—	1	—

QUEENSLAND.

The following notifications have been received by the Department of Public Health, Queensland, during the week ending December 1, 1917:—

Disease.	No. of Cases.
Diphtheria	31
Scarlatina	3
Pulmonary Tuberculosis	4
Erysipelas	3
Enteric Fever	9
Cerebro-spinal Meningitis	1

WESTERN AUSTRALIA.

The following notifications have been received by the Department of Public Health, Western Australia, during the week ending November 24, 1917:—

	Metropolitan.		Rest of State.		Totals.	
	Cases.	Cases.	Cases.	Cases.	Cases.	Cases.
Enteric Fever	0	1	1	1	1	1
Diphtheria	4	2	2	2	6	6
Scarlatina	3	3	3	3	6	6
Pulmonary Tuberculosis	2	1	1	1	3	3
Erysipelas	0	2	2	2	2	2

TASMANIA.

The following notifications have been received by the Department of Public Health, Tasmania, during the week ending December 1, 1917:—

Disease.	Hobart. Cases.	Launceston. Cases.	Country. Cases.	Whole State. Cases.
Diphtheria	0	3	6	9
Pulmonary Tuberculosis	1	1	3	5
Enteric Fever	0	0	1	1

Vital Statistics.

TASMANIA.

During the month of September, 1917, 99 births took place in Hobart and 71 in Launceston. This number is lower than the average for September in the previous five years. The birth-rate, expressed as an annual rate, was 30.00 for Hobart, and 34.68 for Launceston, or 31.8 for the urban districts. The number of deaths registered in Hobart was 47 and in Launceston 23. Of the total 70, 41.3% took place in public institutions. The death-rate in Hobart was equivalent to an annual rate of 14.28, and in Launceston to one of 11.28. The equivalent death-rate

for the urban districts was therefore 13.08. This rate is lower than the average for September. There were nine deaths of infants under one year of age. The infantile mortality was therefore 52.94 per 1000 births.

Eight of the deaths were due to diseases of the cardiovascular system, and ten to cancer. There were six deaths from tuberculosis, four from enteric fever, two from pertussis, two from pneumonia, two from diarrhoea and enteritis, one from diphtheria, one from simple meningitis, and one from acute nephritis.

In the rural districts there were 276 births registered, which yields an equivalent birth-rate of 24.36. The birth-rate in September, 1915, was 27.00, and in September, 1916, was 31.56. The number of deaths registered was 74. This is equivalent to an annual death-rate of 6.6, which compares favourably with those of September, 1915 and 1916, which were 8.4 and 8.16 respectively. The highest birth-rate was registered in the north-eastern district, and the lowest in the south-western. The highest death-rate was in the south-eastern district, and the lowest in the south-western. It must, however, be pointed out that the south-western population is very considerably smaller than that of any other district. From the very sparse information given concerning the causes of death, it appears that three deaths were due to tuberculosis, two to diphtheria, two to diabetes, five to cancer, one to enteric fever, and one to alcoholism.

Correspondence.

BARCOO ROT AND SPEW.

Sir,—In my experience "Barcoo Rot" (or Barcoo as it is always called) shows itself in the form of small open ulcers with a central depression and a thin layer of pus undermining the surrounding cuticle, often to a considerable extent. It always follows a contusion. If the contusion is not accompanied by a breach of surface, you find a small patch of purpura which afterwards develops into an open sore. This proneness to form petechiæ seems to me to be the characteristic of the condition, and suggests an altered condition of the blood as the cause of the disease.

As the first ulcer heals, similar sores appear round the original lesion, and in this way a limb may be covered with dozens of ulcers in all stages of healing. Fresh ulcers will also break out under the dressing.

Over the knuckles especially the ulcers give a false impression of depth; you might think they were penetrating right down to the extensor tendons, but as they heal you see that the depth is only apparent, there being a sort of crater of epithelial debris raised above the surface. The sores affect chiefly the arms and hands, though children get them on the face and legs too. There is little or no loss of substance of the true skin, so that there is usually only a staining left.

The ulcers naturally provide a ready culture fluid for microbes, and of course the more serious microbial infections may follow and infect the lymphatics, but that is a secondary condition, not barcoo.

The patients are always in good health and they continue so during the whole course of the trouble.

The one condition that seems necessary to the development of barcoo is long continued residence in a warm climate with scanty rainfall, together with a good deal of exposure to the sun. Their less exposure to the sun may explain the almost total exemption of women. New-comers do not get the disease for a long time.

Curiously enough, since I first wrote on barcoo I have had an attack myself, due, I think, to the fact that the scarcity of locum tenentes has prevented my getting a trip away for the past three years.

I mentioned before that I give *syr. hypophosph. co.* in treatment. During the past few years I have tried other remedies, with some success, on economic grounds, but I find nothing so effective as the hypophosphites. I do not think the benefit derived comes from the iron, as some of the iron mixture I first gave, seemed to me to be rather irritating than otherwise.

Regarding barcoo spew my knowledge of the mild cases, including an attack that I had myself, agrees with the des-

cription of Dr. Leonard W. Bickle. The severe cases I have often heard of, but I have never seen one. Both rot and spew seem to occur over the whole inland dry areas of Australia.

I have not much reason, perhaps, for saying so, but I believe both diseases are due to a changed condition of the blood, evidenced in barcoo by the readiness to form purpuric patches. In both diseases the patient is in perfect health, although I am told that in severe "spew" the patient gets greatly reduced, but still always with a voracious appetite. I found the hypophosphites equally efficient in both classes of cases, but of course that is poor evidence.

The results of treatment in the city give no guide to a back-country medical man, as mere transference to the sea-side will clear up nearly any case. I might say that barcoo rot is universally present in the bush where the spew is much rarer, probably the proportion would be 30 to 1.

Yours, etc.,

CHAS. H. HILL, B.A., M.B., B.S.

Laverton, November 11, 1917.

Proceedings of the Australian Medical Boards.

VICTORIA.

The following have been registered under the provisions of Part I. of "The Medical Act, 1915," and Act No. 2581, as duly qualified medical practitioners:—

Ronald Sydney Andrews, M.B. *et. Ch.B.*, Melb., 1917, "Crecy," Tennyson Street, St. Kilda (on active service).

Archibald Gladstone Corbett, M.B. *et. Ch.B.*, Melb., 1917, "Killara," St. Kilda Street, Middle Brighton.

Eric Neville Karl Gandevia, M.B. *et. Ch.B.*, Melb., 1917, Windsor Crescent, Surrey Hills.

Francis Richard Meagher, M.B. *et. Ch.B.*, Melb., 1917, Wattle Road, Hawthorn.

Leonard Edmund Wadsworth Roberts, M.B. *et. Ch.B.*, Melb., 1917, 225 Pakington Street, Geelong (on active service).

The following names of deceased practitioners have been removed from the Register:—

Archibald Clarke Robinson.

Martin Arnold Gibbs.

John Edward Barrett.

Arthur Francis Deravin.

Medical Appointments Vacant, etc.

For announcements of medical appointments vacant, assistants, locum tenentes sought, etc., see "Advertiser," page xvii.

District Hospital, Ballara, North Queensland, Medical Officer.

Medical Appointments.

IMPORTANT NOTICE.

Medical practitioners are requested not to apply for any appointment referred to in the following table, without having first communicated with the Honorary Secretary of the Branch named in the first column, or with the Medical Secretary of the British Medical Association, 429 Strand, London, W.C.

Branch.	APPOINTMENTS.
VICTORIA. (Hon. Sec., Medical Society Hall, East Melbourne.)	Brunswick Medical Institute. Bendigo Medical Institute. Frahman United F.S. Dispensary. Australian Prudential Association Proprietary, Limited. National Provident Association. Life Insurance Company of Australia, Limited. Mutual National Provident Club.

Branch.	APPOINTMENTS
QUEENSLAND. (Hon. Sec., B.M.A. Building, Adelaide Street, Brisbane.)	Medical Officers to the Selwyn Hospital, North Queensland. Brisbane United Friendly Society Institute.
SOUTH AUSTRALIA. (Hon. Sec., 3 North Terrace, Adelaide.)	The F.S. Medical Assoc., Incorp., Adelaide. Contract Practice, Appointments at Renmark.
WESTERN AUSTRALIA. (Hon. Sec., Health Department, Perth.)	All Contract Practice Appointments in Western Australia
NEW SOUTH WALES. (Hon. Sec., 30-34 Elizabeth Street, Sydney.)	Australian Natives' Association. Balmain United F.S. Dispensary. Canterbury United F.S. Dispensary. Leichhardt and Petersham Dispensary. M.U. Oddfellows' Med. Inst., Elizabeth Street, Sydney. Marrickville United F.S. Dispensary. N.S.W. Ambulance Association and Transport Brigade. North Sydney United F.S. People's Prudential Benefit Society. Phoenix Mutual Provident Society. F.S. Lodges at Casino. F.S. Lodges at Lithgow. F.S. Lodges at Parramatta, Penrith, Auburn and Lidcombe. Newcastle Collieries — Killingworth, Seaham Nos. 1 and 2, West Wallsend.
TASMANIA. (Hon. Sec., Belgrave, Tasmania.)	Medical Officers in all State-aided Hospitals in Tasmania.
NEW ZEALAND: WELLINGTON DIVISION. (Hon. Sec., Wellington.)	Friendly Society Lodges, Wellington, N.Z.

Diary for the Month.

- Dec. 18.—N.S.W. Branch, B.M.A., Medical Politics Committee; Organization and Science Committee.
Dec. 20.—City Medical Association (Sydney, N.S.W.).
Dec. 21.—Q. Branch, B.M.A., Council.
Jan. 8.—N.S.W. Branch, B.M.A., Council (Quarterly).
Jan. 15.—Tas. Branch, B.M.A., Council and Annual Meeting.
Jan. 15.—N.S.W. Branch, B.M.A., Ethics Committee.
Jan. 17.—Vic. Branch, B.M.A., Council.
Jan. 18.—Queensland Branch, B.M.A., Council.

EDITORIAL NOTICES

Manuscripts forwarded to the office of this Journal cannot under any circumstances be returned.

Original articles forwarded for publication are understood to be offered to *The Medical Journal of Australia* alone, unless the contrary be stated.

All communications should be addressed to "The Editor," *The Medical Journal of Australia*, B.M.A. Building, 30-34 Elizabeth Street, Sydney.